ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1904,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS, IN INDIA, FOR THE YEAR.

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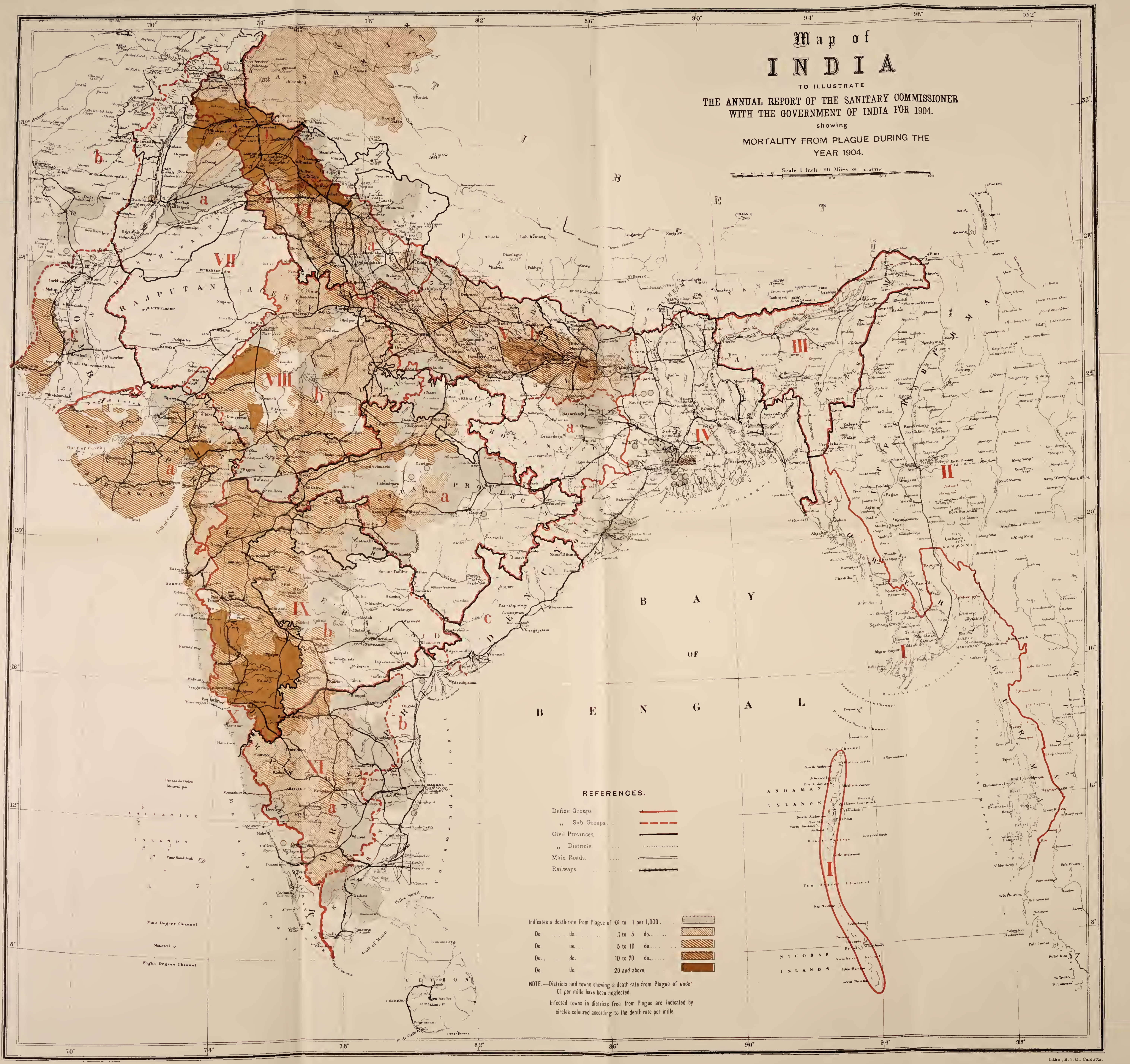

Map of

INDIA

TO ILLUSTRATE

THE ANNUAL REPORT OF THE SANITARY COMMISSIONER
WITH THE GOVERNMENT OF INDIA FOR 1904.

showing

MORTALITY FROM PLAGUE DURING THE
YEAR 1904.

Scale 1 Inch = 96 Miles or

REFERENCES.

Define Groups	━━
,, Sub Groups	╍╍
Civil Provinces	━━
,, Districts	┈┈
Main Roads	══
Railways	┼┼┼

Indicates a death-rate from Plague of		·01 to 1 per 1,000		░
Do.	do.	·1 to 5	do.	▨
Do.	do.	5 to 10	do.	▨
Do.	do.	10 to 20	do.	▨
Do.	do.	20 and above		■

NOTE.—Districts and towns shewing a death-rate from Plague of under ·01 per mille have been neglected.

Infected towns in districts free from Plague are indicated by circles coloured according to the death-rate per mille.

No 445 P., Sanv. Commr., India.—Jan. 06.—700.

Litho., S. I. O., Calcutta.

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ENGLAND

ANNUAL SANITARY REPORT FOR 1904.

SECTION I.

METEOROLOGY OF THE YEAR.

Summary of the meteorological phenomena of the year.

1. The following report on the Meteorology of India has been kindly furnished by the Meteological Department of the Government of India.

During the first four days of January 1904 the weather was fine in all parts of India except the extreme south, where some showers were falling and the only important feature was the relatively high temperature which prevailed over the Bombay Deccan and the west of the Central Provinces. On the 5th conditions changed and a fortnight's disturbed weather followed. These disturbed conditions lasted till the 19th. They were accompanied and followed by lower temperatures than usual, but from the 19th onward to the end of the month the weather was fairly settled. The fine weather of the second half of January continued during February, which month was singularly free from cold weather storms, though thunderstorms and hailstorms were unusually frequent over Bengal, Assam, Central India, the Central Provinces, Khandesh, Gujarat, Kathiawar, and Sind. In consequence of these conditions the mean temperature of January was generally in defect except in a broad band stretching from the Bombay coast north-eastward through the central parts of the country to the United Provinces, while in February it was generally in defect except over north-west India and the Gangetic Plain. The rainfall of January was heavier than usual over Sind, Baluchistan, the North-West Frontier Province and the west, central and submontane Punjab, and heavy snow fell in the mountain region to the west of the Indus and over parts of the Punjab Himalayas. Over the remainder of northern India as well as over central India the rainfall was short of the normal and over a considerable part of this area little or no rain fell. In Southern India, on the contrary, the weather was usually disturbed and the rainfall of the month was in large excess. In February rain was in excess of the normal over Assam, Bengal, the Central Provinces, Central India, Khandesh and North Bombay due to the unusual prevalence of thunderstorms, but elsewhere it was short of the average and over the greater part of the Peninsula and portions of the Punjab and of the United Provinces the month's rainfall was small and unimportant. In March the weather over north-western, western and central India was more disturbed than usual—more particularly during the first ten days—and the rainfall over this area was in considerable to large excess of the normal. In north-east India there occurred a period of thunderstorms between the 3rd and the 19th, but the rainfall in this area and in Burma was lighter than usual, while in South India hardly any rain fell. Within the area of diminished rainfall in north-east India the mean temperature of the month was slightly higher than usual, but in South India as well as over the area of increased rainfall in north-western and central India and the head of the Peninsula, the mean temperature was lower than usual, more especially over the Indus Valley, north-west Rajputana and the upper Sub-Himalayas.

During the two hot weather months of April and May the heat was generally greater than usual over north-west and central India but the maxima were not very remarkable, the highest temperature recorded in April having been 113°·2 at Jacobabad and in May 123° also at Jacobabad. The rainfall in April was in excess in Burma, Assam, Bengal and Orissa and in defect in all other parts of the country, while in May it was in excess in Assam, Bengal, Orissa, Chota Nagpur, the Gangetic Plain, the upper Sub-Himalayas and South India, and in defect elsewhere. In the last week of the month a moderate cyclonic storm from the Bay gave heavy rain to the east of the Peninsula and to north-east India.

The monsoon rains commenced on the Malabar coast on the 7th and extending rapidly northward reached Bombay on the 8th. Rain fell daily along the coast from the 8th to the 20th, but did not extend inland over the Deccan and South India and from these regions rain more or less held off till the close of the month. On the 20th rain extended northward into Rajputana, Central India and the south-east Punjab. Except along the coast and over Mysore the rainfall of the month was short of the average over the area served by the Arabian Sea monsoon current. In Burma and north-east India the monsoon arrived earlier than usual and the June rainfall was heavier than the average over Burma, Orissa, the east of the Central Provinces, west Bengal and part of the Gangetic Plain, though it was lighter than usual elsewhere. The sky was more cloudy than usual over the west, south and east of the Peninsula, west Bengal and Burma, but was generally clearer than the average elsewhere. As a result of the above conditions there was an excess of temperature, on the mean of the month, over north-west India, part of central India and part of western India north of Bombay. The excess was greatest in the sub-montane regions of noth-west India where at the close of the month maxima of 116° were recorded. The highest maxima recorded were 120° at Jacobabad on the 13th, 14th and 15th, 116°·3 at Khushab on the 28th, 116° at Peshawar on the 28th and 29th and 112° at Bikaner on the 21st. These temperatures were in no way exceptional for the time of year. The mean temperature was also in excess of the normal over Lower and North Bengal where the rainfall was light, while it was in defect over the west, south and east of the Peninsula, west Bengal and Burma. During the first seven days of July rain fell fairly generally over the country, but after the first week the Arabian Sea monsoon current became very feeble and rain, to a great extent, ceased over the Bombay Presidency, north of Bombay, as well as over the west of the Central Provinces and of Central India, Rajputana and the South Punjab. In consequence the mean temperature of the month was excessive over the Punjab, West Rajputana, North Bombay and the head of the Peninsula and the following maxima were recorded :—116°·6 at Jacobabad on the 15th, 114°·0 at Peshawar on the 14th, and 112°·0 at Multan on the 8th. On the other hand, the monsoon rainfall was generally normal or in excess over the south-west and south of the Peninsula, Burma, North-East India and the Gangetic Plain and the mean temperature of these areas was average or lower than usual. There occurred no important change in August, the Arabian Sea current continuing weak, so that practically the whole of the area dominated by that branch of the monsoon received considerably less rain than usual. The mean temperature of the month of August was consequently more or less excessive over the Punjab, North Bombay, West Rajputana and the head of the Peninsula, and the following maxima were recorded :—112°·2 at Jacobabad on the 5th, 109°·3 at Khushab on the 18th, and 108°·2 at Dera Ismail

Khan on the 7th. The Bay monsoon, on the contrary, remained vigorous, a series of slight storms passed from the head of the Bay into upper India and the rainfall of the month was generally normal or exceeded the normal over Burma north-east India and the Gangetic Plain where consequently the mean temperature was, on the whole, below the normal. Both humidity and cloud, though they varied irregularly from the average, were, on the whole, below the normal.

Conditions were unfavourable for rain over the greater part of the Indian land area during September. The Arabian Sea current continued unusually weak, the air was drier than usual almost everywhere and dry westerly winds prevailed over a large part of northern India. The rainfall of the month was hence practically all connected with three cyclonic storms which occurred during the month. This storm rainfall, though of the greatest economic importance, was not sufficiently heavy to compensate for the lightness of the fall at other times during the month and except in Burma and in the South and South-East Punjab, Malabar, Hyderabad, Khandesh and Berar, the month's rainfall was everywhere below the normal. The mean temperature of the month was below the normal in Burma, normal in Malabar and in the Central Provinces and Gangetic Plain and above the normal elsewhere. The excess was greatest in Gujarat and neighbourhood and the following were the highest maxima recorded :—112°·2 at Jacobabad on the 13th, 109°·4 at Multan on the 12th, 107°·5 at Pachpadra on the 11th and 107°·2 at Dera Ismail Khan on the 12th. During October the weather was slightly more disturbed than usual over the extreme north-west of India and along the track of a cyclonic storm which appeared over the Bay on the 12th and broke up among the eastern Himalayas on the 18th. The rainfall of the month was hence in excess of the average over the North-west Frontier Province and the Submontane Punjab as well as over part of the East Coast, North Hyderabad, the east and central divisions of the Central Provinces, the east of the United Provinces, Bihar and the north division of Bengal. Elsewhere the total rainfall of the month was lighter than usual. The mean temperature of the month was less than usual over inland Burma, north-east India and the Gangetic Plain and was in local defect over the extreme south of the Peninsula. Elsewhere it was in excess but the departures from normal were small except over the Central Punjab and parts of Rajputana, Gujarat and Khandesh where they varied between + 2° and + 4°.

In November the weather was again more unsettled than usual over upper India and was very disturbed over Burma and the east of the Bay. In consequence Burma, Assam, East Bengal and Bihar reported excessive rain owing to two storms of the month and the Punjab and United Provinces unusually heavy rain due to unsettled showery weather about the middle of the month. On the other hand, the autumnal rains in Madras, to a great extent, failed and in other parts of the country the rainfall was even lighter than usual. The air was much drier than usual over the Peninsula and much damper than usual in north-west India. The mean temperature was approximately normal over the greater part of the country, but in the north-west, largely owing to high night temperatures, the mean temperature was higher than usual.

More disturbed weather than usual continued during December over inland Burma and a considerable part of upper India and the rainfall of these areas exceeded the normal. On the other hand, the rains over Madras again, to a great extent, failed and over north-east India, the centre and west of the Peninsula and the Indus Valley region, the rainfall was below the normal. The air was much damper than usual except over the Peninsula and Lower Burma. The mean temperature of the month was slightly below the normal over north-east India, Burma and the south of the Peninsula and was slightly excessive elsewhere, the excess being due mainly to high night temperatures. The snowfall on the mountains around the north-west of India was earlier and heavier than usual.

On the mean of the year the temperature was generally slightly lower than usual, the principal exceptions having been the Central, Submontane and West Punjab and thence southward over Rajputana and Sind to Gujarat and the north-west of the Peninsula where the mean temperature was in some excess. For the whole Indian region, on the mean of the year, the temperature was about normal.

Pressure, on the mean of the year, generally exceeded the normal over the Peninsula and was lower than usual ever northern India and Burma. For the whole Indian area the departure from normal equalled—·003″ as compared with + ·005″ in 1903. There was a marked general excess in January, September, November and December and a more or less general deficiency in the remaining months.

The absolute humidity, on the mean of the year, was generally excessive over upper India, but more or less in defect elsewhere, and the mean relative humidity exhibited a similar distribution. There was a remarkable excess of dampness of the air over northern India in the months of March, November and December.

The mean cloud amount was normal in January, May and July and below the normal in the remaining months. On the mean of the year it was below the normal everywhere.

The rainfall of the whole year was in excess of the average over all the Burma divisions, the plains districts of Assam, Chota Nagpur, South Bihar, South Oudh, the east, central and west divisions of the United Provinces, the south-east Punjab, the North-west Frontier Province, the east of the Central Provinces, Central India, the east of Rajputana and Malabar and was in defect elsewhere. In all the seasons of the year the rainfall was irregularly distributed. Thus in January and February there was some excess in north-east and north-west India and some defect elsewhere; in the period March to May the rainfall was generally heavier than usual except in Burma and the west of the Peninsula; in the period June to October the rains were heavy in Burma, and the Gangetic Plain and neighbouring districts and lighter than usual in other parts of the country, more especially in the Konkan and Gujarat; while in November and December the fall was excessive in Burma and Assam, and north-west India and the Gangetic Plain, while in Madras the autumn rainfall failed almost wholly.

SECTION II.

EUROPEAN ARMY OF INDIA.

India. Appendices A and B to Section II, Tables I, III and LIII.

2. The average strength of the European Army of India during 1904, excluding officers, was 71,083 as compared with 70,445 during 1903, the number of new arrivals in the country during the corresponding trooping seasons having been 16,366 and 15,126 respectively. The year was a very healthy one for all classes of people in India, and from the statement in the margin it will be seen that the rates of admission into hospital, of constantly sick and of mortality among British troops were all considerably lower than those of the previous year and of the antecedent quinquennium. Both the admission-rate and the death-rate were, indeed, the lowest on record, but against this must be set the fact that the invaliding rate rose from 29·29 per mille in 1903 to 35·27 per mille in 1904, and on the whole it may be said that the chief gain of the year consists in the lowered death-rate; for although it is true that if all the rates in 1904 had been the same as in 1903, 420 more men would have been ineffective from sickness during the whole year, this is more than counterbalanced by the fact that 425 fewer men would have been invalided to England. The recorded decrease in sickness was due chiefly to a considerable diminution in the number of admissions on account of venereal diseases and ague, but these diseases were still by far the most frequent causes of illness and accounted for 22·1 and 19·3 per cent., respectively, of the total number of admissions. The diminution in the admission-rate of venereal diseases loses some of its significance in view of the new procedure now in force as regards both statistical record and treatment, and while the diminution in the admission-rate of malarial fever doubtless was due chiefly to a real reduction in the prevalence of the disease, it has to be noted that in lesser degree it may have been due to greater precision in diagnosis, some indication of which is seen in the increased rate on account of simple continued fever, as well as to more thorough treatment, by which the number of re-admissions on account of relapses was diminished, and possibly to the fact that a number of patients who were suffering from mild attacks were not admitted into hospital but were treated as out-patients.

India.	All causes. Ratios per 1,000		
	1898-1902.	1903.	1904.
Admissions... ...	1187·3	1,033·4	900·4
Constantly sick ...	72·90	62·9	57·0
Deaths	14·96	13·05	10·83
Invalids	35·91	29·29	35·2

The admission-rates on account of simple continued fever, hepatic affections, influenza, and respiratory diseases excluding pneumonia were higher than in the previous year.

The chief causes of death were, as usual, enteric fever and abscess of the liver, the former accounting for 34·7 per cent. and the latter for 12·6 per cent. of the total number of deaths, but it is noteworthy that with the exception of tubercle of the lungs and hepatic abscess the mortality from all diseases was less than in 1903.

The chief causes of invaliding were in order, ague, tubercle of the lungs, debility, valvular disease of the heart, syphilis, and disordered action of the heart;

these causes together accounting for nearly one-half of the total. There was a notable increase (from 91 in 1903 to 223 in 1904) in the number of men sent home on account of tubercle of the lungs, but a decrease of 24 in the number sent home on account of debility and of 15 in the number on account of syphilis. Only 71 men were invalided for *Bilharzia* as compared with 158 in the previous year.

If the marginal statements in the first paragraphs of Sections II and III be compared it will be seen that the admission-rate of European troops during 1904 was one and a half times as high as that of native troops, that the constantly sick-rate was more than twice as high, and that the invaliding-rate was nearly three times as high. The death-rates of European and native troops were, respectively, 10·83 and 8·46 per mille.

The average strength of the European troops who proceeded with the Aden Column Field Force was 421, and there were reported altogether 664 admissions into hospital and 6 deaths, giving the high admission ratio of 1,577·2 per mille and the death ratio of 14·25 per mille. As among the native troops who formed part of this force (see Section III), ague was the chief cause of sickness among the European troops and accounted for 68 per cent. of the total number of admissions. One death occurred from each of the following diseases :—enteric fever, ague, pneumonia, hepatic abscess, heat apoplexy, and rupture of the intestines due to an injury. Among the European troops who accompanied the Sikkim-Tibet Mission there were 179 admissions and three deaths on an average strength of 249, giving ratios of 718·9 and 12·05 per mille respectively. Ague was the chief cause of sickness and accounted for 27 per cent. of the total admissions.

Commands and Divisions. Stations. Appendix A, Tables I, III, IV, V.

3. In former reports it has been usual to compare the relative healthiness of the Commands in different years, but because the new Commands and Divisions under which the army in India is now distributed do not in all cases include the same stations as did the old Commands and Districts, such a comparison is not possible this year and it must suffice to indicate in which of the Commands and Divisions the rates of sickness and mortality were most and in which least favourable during the year 1904. Before doing so it will be well to note briefly the names of the new Commands and Divisions and their situation in India. The Commands are three in number and are named, respectively, the Northern, the Western, and the Eastern. The Northern Command comprises the same area and includes the same stations as did the old Punjab Command. In it are included the 1st (Peshawar) Division, the 2nd (Rawalpindi) Division, and the 3rd (Lahore) Division as well as the Kohat, Derajat and Bannu Brigades which are directly under command head-quarters. The Western Command corresponds more or less to the old Bombay Command, but in it are included ten stations which formerly belonged to the old Bengal Command and two stations which were formerly in the old Madras Command. It comprises the 4th (Quetta) Division, the 5th (Mhow) Division and the 6th (Poona) Division as well as the Aden Brigade which is directly under command head-quarters. The Eastern Command corresponds more or less to the old Bengal Command, but has lost the ten stations mentioned above as having been transferred to the Western Command. In it are the 7th (Meerut) Division and the 8th (Lucknow) Division. Finally there is the Secunderabad Division which corresponds to the old Madras Command except that the

stations Aurangabad and Belgaum have been transferred to the Western Command, and the Burma Division which corresponds to the old Burma District. Turning now to the statistics of sickness and mortality among the troops in these areas during 1904, and using the statistical method usually adopted in this report for ascertaining which areas are most and which least favourable to the health of the troops, we note that of the three commands the Western was the most unhealthy during 1904 both for European and for native troops, and that for European troops the Eastern was more unhealthy than the Northern. As regards Divisions the statistics of European troops in the 5th (Mhow) Division may be considered to have been most unfavourable, the 10th (Burma) Division coming next and the 3rd (Lahore) Division next. The statistics of European troops in the 4th (Quetta) Division and of those in the 1st (Peshawar) Division were most favourable. For native troops, however, the 4th (Quetta) Division was the most unhealthy. Enteric fever was most prevalent during the year among European troops in the 5th (Mhow) Division, the 2nd (Rawalpindi) Division and the 7th (Meerut) Division. Tubercle of the lungs was most fatal among troops in the 6th (Poona) Division, pneumonia among those in the 1st (Peshawar) Division, dysentery among those in the 7th (Meerut) Division and abscess of the liver among those in the Aden Brigade.

Geographical groups. Appendix B. Table II.

4. The geographical groups which, as judged by the statistics of sickness and mortality in combination, may be considered as having been most unhealthy for European troops during 1904 were Burma coast (I), Central India (VIII), Bengal-Orissa (IV) and Upper Sub-Himalaya (VI), while at the other end of the scale were the Hill Stations (XII*a*), Southern India (XI) and Indus Valley (VII). The death-rates in the four former were 12·74, 16·35, 8·66 and 14·23 respectively and in the three latter 5·57, 5·54 and 9·38. The rates both of sickness and of mortality fluctuate considerably in the same groups from year to year as, for example, in Bengal-Orissa (IV) where the death-rate was 24·32 per mille in 1902, 15·17 per mille in 1903 and 8·66 per mille in 1904. It has to be noted also that as the figure representing the average strength in some groups is low [*e.g.*, Burma Coast (I) where it was only 1,099 in 1904] and in others high [*e.g.*, Upper Sub-Himalaya (VI) where it was 13,776] too much stress must not be laid on the relative positions of the groups as regards their healthiness in any year. Malarial fevers were most prevalent during 1904 among the European troops located in group VIII (Central India), simple continued fever among those in group I (Burma Coast), and enteric fever among those in group V (Gangetic plain).

Influenza.. Appendix B. Table VI.

5. While there was a considerable decline in the prevalence of influenza among native troops there was an increase among European troops, the admission-rate, which was 1·8 per 1,000 in 1902, and 3·1 in 1903, rising to 4·9 in 1904. The disease was prevalent in all but two (VII and IX) of the geographical groups, the troops in the Bengal-Orissa group (IV) being affected to the extent of 30 per 1,000 of their strength. There were altogether 349 admissions with no fatality, reported from 25 stations of which Ambala (171), Fort William (47) and Ranikhet (32) contributed 72 per cent. of the total number of admissions. As regards Fort William it was said that an epidemic occurred in Calcutta during August, September and October; in Ambala the disease was widely prevalent from October to December and was characterized by severe pyrexia, lumbar pains, headache, vomiting and debility.

Cholera. Appendices A and B. Table VII.

6. Cholera was less prevalent among all classes of people in India during 1904 than in the previous year, and among the European troops there were only 16 cases with 11 deaths as compared with 81 cases and 57 deaths in 1903. The cases during 1904 were reported from four stations, but the only considerable outbreak was in Poona where there were 12 cases with 6 deaths: the other three stations were Fort William, Lebong and Rangoon. The first three cases at Poona occurred during August: it was said that the disease was prevalent in the district and that in all probability it had been introduced into the station by natives returning from the Pandharpur fair. A fortnight after the death of the third patient two patients who were in hospital for enteric fever died with choleraic symptoms, and on the day following their deaths four other patients in the same ward were attacked. The ward was then evacuated, all the patients who were in it were transferred to tents, and entirely new cooking utensils and other equipment were taken into use, but two days after the removal of the patients into camp three other cases occurred. The medical officer was unable to trace the source of infection in the hospital, but flies were very prevalent at the time and it is possible that they may have had some influence in spreading the disease. Two of the cases at Fort William occurred in May and the third in December. There was some doubt as to whether the two first cases were true cholera or the results of ptomaine poisoning, but the third patient was a warrant officer who had been in attendance a few days previously upon a fatal case of cholera which had occurred outside the fort, and in this instance there was no doubt about the correctness of the diagnosis.

Small-pox. Appendices A and B, Tables III and IV.

7. Although there were only 49 cases and 4 deaths recorded on account of small-pox among European troops in 1904 as compared with 68 cases and 8 deaths in 1903, the disease was more prevalent and fatal among them than among native troops. One or more cases were recorded in twenty stations, the largest numbers occurring in Agra (12 cases with 2 deaths); Poona (5 non-fatal cases), and Ahmednagar (4 non-fatal cases); in ten stations only one case occurred. It will be seen from the tables that the Eastern Command was chiefly affected. The medical officer at Agra states that the disease recurs annually there during the early months of the year and that it is very prevalent among natives. Of the eleven patients who contracted the infection in the station two had not been revaccinated, in two it was said that revaccination had "failed" and in four the result "modified" was recorded. As regards the cases at Poona it was said that the disease is not prevalent in the station nor among the native population; the patients at both Poona and Ahmednagar bore satisfactory marks of vaccination or revaccination.

Ague; remittent fever; simple continued fever; Appendix B, Tables IX, X, XI, LIII.

8. Intermittent fever caused 19 per cent. of the total admissions during 1904 as compared with 23 per cent. in 1903, and the admission and death rates for the European army of India as a whole fell from 243 and ·34 per mille respectively in 1903 to 174 and ·24 per mille in 1904. This was coincident with a greatly diminished prevalence of the disease during 1904 among native troops and prisoners as well as among the general population of the country. Among European troops, native troops and native prisoners the admission-rate on account of this disease has fallen year by year since 1901, but how much of this decrease is due to a real diminution in the prevalence of the disease,

how much to different, and doubtless more accurate, methods of diagnosis, and how much to more thorough administration of quinine both prophylactically and in treatment it is difficult to say.

The Punjab Command usually takes the first place as regards the prevalence of malarial fever, but in 1904 the first place was taken by the Western Command, and this was due chiefly to the prevalence of the disease among the troops of the 5th (Mhow) Division. If the statistics of the troops in this Division are excluded, the Punjab (Northern) Command takes, as usual, the first place. Of the ten Divisions the admission-rate was highest among the troops in the 5th (Mhow) Division being 292 per mille of strength, the 3rd (Lahore) Division coming next (225·4 per mille) and the 1st (Peshawar) Division next (195·7). Among the troops of the Aden Brigade the admission-rate was 486·5 per mille and the death-rate 4·39 per mille. As regards geographical groups the greatest prevalence was in the Central India (VIII) and the Upper Sub-Himalaya (VI) groups and the least in the Hill-stations (XII-a). Excluding hill stations and comparing 1904 with the previous year there was a decrease in the admission-rate in 51 stations and an increase in 21. Excluding stations in which the annual average strength was below 200, the highest rates during 1904 were recorded in Attock, Ahmedabad, Mian Mir and Delhi, the rates in all being above 500 per mille of strength.

Reports by Medical Officers.

It is a sign of the great importance which now attaches to every detail that will advance our knowledge of the conditions in which malarial fever prevails in India and of the best methods for its prevention that, in addition to the remarks in the usual report of the medical transactions of the year, medical officers in all stations were desired to submit for the year 1904 a separate report upon this disease. The information asked for in these reports included (1) the classification of each case of malarial fever which had occurred during the year under its proper heading as Benign Tertian fever, Quartan fever, Malignant Tertian fever or "malarial cachexia"; (2) a statement of the number of cases which were acquired in the station and of the number acquired elsewhere; (3) an account of the *anopheles* mosquitoes found in the station, and of the measures adopted against them; (4) an account of other prophylactic measures taken against the disease; (5) details of the prevalence of malaria among the native population as judged by an examination of the blood of native children under ten years of age (" endemic index "); and (6) particulars of the more interesting cases and of the results of *post mortem* examinations. It was not to be expected, of course, that all this information could be obtained in an accurate manner from every station in India, and a perusal of the reports shows that as regards the majority of stations the information supplied must be accepted with reserve; but, on the other hand, the reports from a few stations are full, accurate, and trustworthy, and now that the interest of medical officers has been aroused in the subject, it will doubtless not be long before the number of stations from which equally satisfactory reports are received is materially increased. And if we bear in mind that in many stations the results of the enquiry made in 1904—the first year in which an attempt to deal adequately with the subject has been made—were incomplete, and that in the majority of instances the replies to some of the questions must be regarded as liable to correction in future years, no harm will be done by giving a brief summary of the more important points brought out by a study of the reports. One of the most interesting results is the confirmation by medical officers throughout India of the view which, until recently, has been looked upon with incredulity, that the "benign" forms of malarial fever greatly preponderate in India over the so-called "malignant" forms. Thus of 7,864 cases among European and native soldiers in which the type of fever was diagnosed by clinical methods no less than 89 per cent. were considered by medical officers to be cases of Benign Tertian fever, the remainder being made up of cases of Quartan fever (about 2·7 per cent.), Malignant Tertian fever (about 7 per cent.) and a few cases (about 20) of "malarial cachexia." The results are slightly different when we consider the much smaller number of cases (about 705) in which the diagnosis was confirmed by finding malarial parasites in the blood but the much greater frequency of true intermittent fever is equally evident, for in 83 per cent. of the cases Benign Tertian parasites were found as compared with only 16 per cent. in which Malignant Tertian parasites were found. It is interesting also to learn that one or more cases of Quartan fever were recorded in at least 22 stations. Another observation of importance to be gathered from the reports is that a large proportion of admissions into hospital for malarial fever are due, in all probability, not to new infections, but to relapses of infections contracted previously either at the same or, more often, at another station. Thus taking some examples from the reports for 1904 we note that all the admissions recorded in hill stations were considered to be due to infections contracted in stations in the plains, that about 27 per cent. of the patients admitted into hospitals in the plains were said to have contracted their disease in another station; that 50 per cent. of the cases recorded during 1904 in Mian Mir were said to be relapses of infections contracted in the same station during the previous year; that 391 of the 593 cases at Rawalpindi were said to be relapses, and that at Kamptee 33 men were admitted twice, five men were admitted three times, two men were admitted four times, one man was admitted five times and one six times during the year, which gives a total of 100 admissions into hospital among only 42 men. These facts have a direct and very important bearing not only upon the question of the reasons for the statistical reduction in the prevalence of the disease which is evident in the returns, but also upon true prophylaxis, for it is obvious that many of these readmissions on account of relapses can be avoided by the institution of a thorough system of quinine treatment and prophylactic administration. Year by year this truth is more fully realized by medical officers, and it is significant that in 1904 the majority of stations where a considerable reduction in the number of admissions for malarial fever occurred were those in which the measures based upon it were most thoroughly carried out. At Chakdara, for example, despite the presence of numerous *anopheles* mosquitoes, which were breeding in streams and ricefields which are so near the fort and so extensive that the medical officer considered it hopeless to attempt to carry out larvicidal measures, the number of admissions for malarial fever fell from 450 in 1903 to only 30 in 1904 and the medical officer attributed this decrease almost entirely to the very careful system of quinine prophylaxis and treatment which was instituted under his supervision from June to the end of October. Also at Agra, Belgam, Kamptee, Amritsar, Dum Dum, Mian Mir, and many other stations the decrease in the admission-rate for malarial fever was attributed chiefly, if not entirely, to the careful system of quinine treatment and prophylactic administration; and the significance of this opinion is enhanced when it is remembered that in many of these stations more or less thorough anti-mosquito measures were also carried out. In most stations where successful results were reported to have been obtained by quinine administration, the system included not only the administration, under the immediate supervision of a medical officer, of a dose of ten or fifteen grains of quinine on two successive days each week to every man in the garrison, but also the continuous treatment for from six weeks to three months of every patient who had been admitted into hospital for malarial fever during the year, and there is no doubt that this latter measure is of prime importance in the prevention of relapses. In the majority of stations the prophylactic doses of quinine were given in the form of compressed tablets and it appears that soldiers seldom or never object to take the dose when given in this manner. In some stations also the system of quinine administration was extended with success to the children of native followers resident in bazaars near the barracks. As regards the prevalence of *anopheles* mosquitoes it may be noted that their presence was reported during the year in at least 51 stations in the plains, but in 15 of these stations the species present were not identified and in nine of the remaining stations only one species—usually *A. rossi*—was found. The presence of this species was noted in 30 of the 36 stations in which identification was attempted, the presence of *A. culicifacies* in 20 and of *A. fuliginosus* in ten. Other species were mentioned only very rarely and it is evident that a great deal remains to be done to complete our knowledge of the kinds of *anopheles* mosquitoes present in different stations in India and of their relative prevalence. Measures to diminish mosquitoes were carried out by "mosquito brigades" in a number of stations in the plains. They consisted chiefly in the use of kerosine oil or other larvicide, the removal of pools of water and the improvement of surface drainage, and on the whole they appear to have been pursued with more thoroughness than in previous years. But with increasing knowledge regarding the prevalence and habits of *anopheles* mosquitoes, medical officers have become more cognisant of the difficulties which attend their destruction, at any rate by such measures as are within the compass of "mosquito brigades," and, as already noted, the tendency on the part of medical officers during 1904 was to ascribe a reduction in the number of admissions for malaria either to the fact that only those cases were returned as malaria in which parasites were found in the blood, or, more frequently, to a more thorough system of quinine administration both as regards treatment and for prophylactic purposes rather than to the measures adopted for the destruction of mosquitoes. It was found to be especially difficult to diminish the numbers of these insects, among other stations, at Chakdara, where five species of *anopheles* mosquitoes were found ; at Dum Dum where numerous ricefields, marshy ponds and "tanks" were situated immediately outside cantonment boundaries and so could not be dealt with ; at Belgaum where a plot of land 12 acres in extent, under rice cultivation, was within 250 yards of the barracks and where, as regards the fort, the moat, which was the chief breeding place, covered an area of 2¾ acres ; at Kamptee where owing to the nature of the black cotton soil the whole cantonment was interspersed with innumerable large and small hollows and depressions which became filled with water after every shower of rain ; and at Attock where it was noted that although all breeding places within the fort were properly dealt with, mosquitoes continued to swarm, "being carried in by the steady southerly breezes which prevail during the summer and autumn months." Finally in connexion with the subject of mosquito destruction it is worthy of note that although anti-mosquito measures were not carried out in Mian Mir during 1904 the admission-rate for malarial fever among British troops was only 507·4 per 1,000 as compared with an admission-rate of 1,005·9 per 1,000 in 1903 when vigorous measures were adopted throughout the year. Among other means of reducing the prevalence of malaria the use of mosquito curtains, the institution of lectures to the troops, and the free distribution of quinine to the inhabitants of native bazaars in the neighbourhood of barracks, were adopted in some stations with apparent benefit. In conclusion it may be mentioned that the malarial "endemic index" was worked out in only about 12 stations during the year and that it is doubtful whether reliance can be placed upon the results obtained even in these few stations.

The admission and death rates on account of remittent malarial fever, which were 6·7 and ·20 per mille in 1902 and 4·0 and ·14 per mille in 1903, fell still further to 3·4 and ·10 in the year under review. The admission-rate was about one-half and the death-rate about one-seventh of the corresponding rates for native troops. It is very doubtful whether these facts should be considered as having any special significance; whether, for example, the falling rate indicates a lesser prevalence of the more severe forms of malarial fever and whether the much smaller rates among European than among native troops indicate that the severe forms of malarial fever are less prevalent and fatal among the former than among the latter. Inconsistency is the main feature of the statistics of remittent fever among European troops, native troops, and prisoners, and this is due no doubt to the indefinite nature of the term, which causes the return of cases under it to depend more upon the idiosyncrasy of the medical officer than upon any other factor: some medical officers use it only as a last resort when as far as possible all known forms of Indian fever have been excluded; others return under it all cases of malarial fever in which the temperature does not show regular intermissions.* This will be more evident from a careful study of the tables at the end of this volume than from any remarks which can be made here, but a few of the more obvious points may be mentioned. According to the statistics there was, for example, a great decrease in the prevalence and fatality of malarial fevers among European troops during 1904, but on the other hand, there was, on the statistics, a relative increase in the proportion of the severe (remittent) forms of these fevers: in 1903 one case of remittent fever was recorded to every 61 cases of intermittent fever, but in 1904 one case to every 50. Again, we should expect that in the more malarious stations a larger number of cases of remittent malarial fever would be recorded. Taking the stations already mentioned as having been most malarious for European troops during 1904, we find, however, that in Attock only one case of remittent fever was recorded during the year as compared with 143 cases of intermittent fever; in Ahmedabad no case was recorded as compared with 126 cases of intermittent; in Mian Mir no case as compared with 343; in Delhi two cases as compared with 138; and in Aden no case as compared with 665. On the other hand, taking some stations which were only slightly malarious in 1904, we find that in Jubbulpore the proportion of cases returned as remittent fever to those returned as intermittent was as 1 : 2, in Port Blair as 5 : 1, in Fort William as 1 : 7, in Dinapore as 1 : 9 and in Madras as 1 : 2. Finally in connection with the problem of whether remittent fever is really more prevalent among native than among European troops, taking the stations just mentioned, where, according to the statistics, remittent fever was very prevalent among European troops and where, if the opinion above noted is correct, we should expect it to be even more prevalent among native troops, we find that in Jubbulpore there were only 10 admissions for remittent fever among native troops (14·8 per mille) as compared with 49 (66·2 per mille) among European troops, in Port Blair there were only 3 admissions (9·9 per mille) among native troops as compared with 15 (107·9 per mille) among European troops, and in Fort William and Madras no case of remittent fever was recorded among native troops as compared with 20 (19·3 per mille) and 6 (10·4 per mille) respectively among European troops.

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* This, of course, is what should be done if cases are returned in accordance with the Nomenclature of Diseases.

Simple continued fever is another disease in which a rising or falling rate cannot be regarded as indicating increasing or decreasing prevalence. In 1904 the admission-rate rose to 23·7 per mille as compared with 18·5 per mille in 1903 and 14·0 per mille in 1902. There is little doubt that the rise is due to the return under this heading of a class of case which in former years would have been returned under the heading of ague, and as in the case of remittent fever the practice of different medical officers varies greatly in this respect. At Lucknow 250 admissions were returned under this heading as compared with 116 under intermittent fever, at Quetta 215 as compared with 106 and at Rangoon 105 as compared with 119. In the previous year the corresponding figures for these stations were, for Lucknow, 121 and 260, for Quetta 99 and 246 and for Rangoon 10 and 235. At Rangoon 66 of the 119 admissions for intermittent fever were recorded during the first two and-a-half months of 1904, but after the arrival of a different medical officer who considered that "cases of fever had previously been returned as ague without sufficient reason," only 53 more cases were returned under this heading during the remaining eight and-a-half months of the year. The remarks in the paragraph upon dengue may also be consulted in this connection.

Malta fever. Table LIII.

9. There were six admissions (seven cases) recorded under the heading Malta fever during 1904 with three deaths against nine admissions with no death in 1903. The reporting stations were Murree, Thobba, Indore, Bareilly, Roorkee, Landour and Deolali, but these were not in all cases the stations at which it was supposed the disease was contracted. The patient at Murree had been transferred from Rawalpindi and was under treatment for syphilis when the disease developed. It was at first supposed that he was suffering from enteric fever and on the 13th day of the disease the Widal blood test gave a positive reaction in a dilution of 1 in 40 in less than half an hour. But he had suffered previously from enteric fever in South Africa, and, as his symptoms were not very characteristic of that disease, his blood was submitted on the 28th day to the test for Malta fever, the Sanitary Officer of the Punjab Command, who performed the test, reporting that it gave a well marked positive reaction in a dilution of 1 in 50 in less than 20 minutes. The diagnosis in the case of the patient at Thobba was made on clinical grounds only: in the case of the patient at Indore it was made on the grounds that the Widal test for enteric fever was negative, that large doses of quinine had no effect on the temperature, and that the serum test for Malta fever was "positive" on two occasions. This patient died on the 26th day of the disease as a result of hæmorrhage from the bowel. The patient at Bareilly was under treatment for gonorrhœa when the disease developed. The diagnosis was based chiefly on the results of the serum test, which it was said gave a "distinct reaction" on two occasions. In the case of the patient at Roorkee the diagnosis was confirmed by a serum test carried out at the Pasteur Institute, Kasauli, the report stating that "the serum gives a reaction for Malta fever, 1 in 40 under one hour." This patient was

transferred to Landour where he had a relapse of the disease and it is his case which is recorded as the admission in this station. The two patients who died at Deolali were invalids, one from Allahabad and the other from Rawalpindi, but no particulars of their cases were supplied by the medical officers at those stations.

In addition to the above cases two officers also suffered from Mediterranean fever during the year, but both had only recently arrived in India from Malta where they had already suffered from the disease.

For further remarks upon Malta fever and for a list of references to literature see sections III and IX.

Enteric fever (1).

10. For many years it has been the custom to give in this place a summary of the literature in which is set forth the more recent work upon enteric fever, and those who make a practice of reading this portion of the report are doubtless aware how seldom it happens that there is anything new of fundamental importance to record. The year with which we are now dealing is not exceptional in this respect, but it is satisfactory that nothing has occurred to check the definite advance in our knowledge of methods for controlling enteric fever which fell to be recorded last year. This advance depended primarily upon a fuller knowledge of the limitations of the rôle played by drinking water in the dissemination of the disease, and, as a consequence, upon the realization that in almost every outbreak a considerable proportion of cases must be attributed to other modes of infection—among which none is more important than infection by contact. The realization of this truth was of fundamental importance in that it led to a fuller appreciation of the truth that the human host is the chief source of infection, and that by direct measures of attack based upon this knowledge enteric fever can be combated more successfully than by measures directed mainly against the bacillus in water or in the environment. That the observations and reasoning which led to this conclusion were sound was proved by the success which attended the efforts of Koch and his followers to suppress the disease in a number of places in Germany. Details of the measures adopted in these campaigns and of the results obtained were given in these reports for 1902 and 1903, and, although no further accounts of them have yet been published, we are doubtless justified, from a consideration of the evidence already presented, in assuming that the application of similar measures in Indian cantonments offers the best hope of reducing the prevalence of enteric fever among British troops in this country.

Infection by contact.

The measures just mentioned originated in great part as a result of Koch's discovery that in the areas where his investigations were carried out all the cases of enteric fever were to be attributed to infection by contact, and therefore it is fitting that in the usual brief summary of the year's work this mode of infection should be dealt with first. So long ago as 1879 Dr. A. Collie [1] and Dr. W. Thomson [2] assailed the view, which was then orthodox, that typhoid fever is not contagious, and published accounts of cases and outbreaks which could be explained only on the hypothesis that it is so, but it was not until very recent years that, chiefly through the writings of Goodall [3], Bulstrode [4], Musehold [5] and especially Koch and his followers [6], the idea of the contagiousness of enteric fever made much headway. Observers were, however, the more ready to accept the necessity for belief in this explanation of the mode of spread of the disease from the knowledge of the rarity with which the enteric bacillus has been demonstrated in water, and the present view of the best authorities appears to be that in all epidemics infection by contact is a factor to be reckoned with, and that it is of special importance when, as so frequently happens, the epidemic continues for weeks or months after the use of an incriminated water or food has ceased. When enteric fever occurs among troops on field service it is probably a more potent factor than any other and there are many reasons for thinking that this is true also with regard to the disease as it occurs among British troops in Indian cantonments. A glance at Table VIII at the end of this volume, in which is set forth the monthly incidence of enteric fever among European troops during 1904, will show that in most stations the disease exhibits a level prevalence but is prolonged for several months ; the sudden outburst which characterizes an epidemic due to infected water or food is seldom or never seen. In the Spanish-American war of 1898 it was ascertained by the Commission appointed to enquire into the very serious epidemic of enteric fever which occurred, that a connection could be traced between 1,011 out of 1,608 cases ; they were due, in the opinion of the members of the Commission, to direct or indirect infection in the tents,[7] and if the reader will turn to Appendix D in the latter part of this volume, where, for some stations in India, the dates of admission of patients into hospital and the number of the barrack in which they resided are set down, he will find little difficulty in tracing a possible connection between many of the cases which occur in India. The exact mode by which contact infection occurs is not in all cases clear, but there is little doubt that in many it is the result of infective material being taken up on the fingers either from the soiled body of a patient or from the bed or clothes or utensils used by him and thence being conveyed to the mouth either directly or through the medium of articles of food, and it is obvious that to contract enteric fever by this mode it is not essential for a person to have lived in the same room with an enteric fever patient : it is sufficient for him to have used the same latrine or the same feeding utensils or to have worn the same clothes or to have handled the same accoutrements. Thus among cases justly ascribed to contact infection must be included not only those which are the result of direct personal contact with a patient but also those resulting from indirect infection through such intervening media as latrines, urinals, utensils, clothes or any other articles which a patient may have used or handled. Captain Burke, R. A. M. C.,[8] has given a good account of an outbreak in Rawalpindi in which the evidence was strong that men were infected as a result of using latrines the seats of which had previously been fouled by patients suffering from enteric fever, and in an excellent summary of the subject of direct transmission, Lieutenant-Colonel A. M. Davies, R. A. M. C.,[9] has also drawn attention to the danger of "latrine infection"—indeed, its importance is fully recognised by most medical officers with Indian experience (see paragraphs 11 and 12). And in connection with this portion of the subject it is plain that unrecognised cases or light "ambulant" cases or cases of "latent infection"[10] are extremely dangerous, because it may happen that no precautions of isolation and disinfection are taken. Koch has drawn attention to the special risk which school children run of being infected or of infecting others by contact, especially as the disease in them is often unrecognised—an observation which has received confirmation, for example, in the investigation by Dr. Deane Sweeting[11] of an outbreak of enteric fever in a village in England where seven of the 27 cases among school children had been looked upon as "influenza" as well as in the investigations of Baginsky and others.[12] Other recent contributions to the subject of contact infection are an article by Dr.

Newman on the channels of typhoid infection in London [13], a pamphlet by Dr. A. Collie [14] on the "Infectivity of enteric fever" and Dr. Bulstrode's report to the Local Government Board dealing with the sanitary administration and the prevalence of enteric fever in the Itchen District [15]. It is a matter for regret that from the point of view of research the subject has not yet received in India the attention at the hands of observers which its importance merits, but abundant material is available and it may be hoped that in the near future it will be dealt with in a thorough and adequate manner.

Infection by water. Bacillary diagnosis, etc.

Turning next to the problem of infection by drinking-water we find that, as if to warn us against the danger of neglecting the provision of pure water-supplies, the literature of the year is largely concerned with accounts of outbreaks in which water played a chief rôle in the dissemination of enteric fever. It is true that as regards the greater number of the outbreaks described, the proof that the infection was waterborne was not complete, for either no attempt or an unsuccessful attempt to isolate the typhoid bacillus from the suspected water was made; but in view of the extreme rarity with which competent observers have succeeded in demonstrating Eberth's bacillus, even in manifestly contaminated water [1], the opinion is justifiable that failure to find the bacillus in a suspected water detracts little from the value of evidence which in all other respects is adequate. Moreover, for those who hold the isolation of the bacillus to be essential, there are, as usual, some instances which even in this respect leave nothing to be desired in conclusiveness. A good example may be cited in the report by Ströszner [2] of a small outbreak of typhoid fever which occurred among a family whose drinking-water supply was from a well situated in the garden of their house. There was every reason to suppose that the well was the source from which the patients had become infected, for it was situated on manured ground near a latrine, was not protected in any way, and its water was shown by chemical examination to be highly polluted with organic matter. For the bacteriological research the Hoffmann-Ficker method, described briefly in last year's report, was used, specimens of the water treated by this method for twelve hours being plated in the Drigalski-Conradi medium. A good growth of colonies had formed at the end of 24 hours and those which resembled colonies of *b. typhosus* were subjected to the complete series of tests necessary for their identification. (See this report for 1902.) For purposes of comparison the same tests were applied to typical *b. typhosus* and *b. coli*. For the agglutination-test rabbits were immunized with typhoid bacilli heated to 56°C. for 20 minutes. It was found that the serum of an immunized rabbit agglutinated the bacillus obtained from the water in a dilution of 1 : 4000 and a similar result was obtained with the laboratory strain of typical typhoid bacilli. A second rabbit was then immunized by means of the bacillus obtained from the water and it was found that its serum agglutinated the laboratory strain of typhoid bacilli in a dilution of 1 : 3500. The control test with *b. coli* was negative. For Pfeiffer's experiment a guineapig was injected intraperitoneally with a dose of specific immune serum containing a loopful of a twelve hours' culture of the bacillus obtained from the water. Examination of the peritoneal exudation 25—30 minutes afterwards showed that the bacilli were immotile and transformed into granules. In the peritoneal exudation of the control animal numerous motile bacilli were found at the end of 1½ hours. Thus all the requisite tests yielded unequivocally positive results and it was scarcely possible to doubt that the bacillus obtained from the water of the well was a true typhoid bacillus. Of the reports of outbreaks in which the proof of infection by water rests upon an epidemiological rather than upon a bacteriological investigation that of Nyman[3] upon an outbreak in a mining district in Sweden and that of Priefer[4] upon an outbreak in an infantry regiment at Saarbrücken are sufficiently conclusive. The outbreak in Sweden prevailed in two areas situated more than a mile apart and having nothing in common except their supply of water which was pumped up from a mine. In the mine the water flowed in open channels and was liable to contamination with the excreta of men and animals. It was ascertained by Nyman that previous to the outbreak two miners who were suffering from enteric fever in an early stage had been working in the shafts and one of them admitted that he had passed urine and fæces into the water-channel. The outbreak was confined entirely to the two parts of the district which were provided with the pipe water-supply from the mine. The epidemic described by Priefer was caused by contamination of drinking-water stored in tanks in the barracks of the troops. It was ascertained that during a frost the pipe leading from a water-closet which had been used by a soldier suffering from enteric fever had burst, thus permitting the water from the closet to enter a pipe which led to the drinking-water tanks. The epidemic began thirteen days after the contamination of the water. For accounts of other presumably waterborne epidemics it will be sufficient to refer the reader to the papers of Springfeld, Græve, and Bruns [5], Stokes [6], Swellengrebel [7] and to the discussion in the medical journals on the extensive epidemic of typhoid fever which occurred recently at Lincoln in England [8]. The history of this outbreak is interesting in that it affords a good example of the chief features of waterborne epidemics, namely, first during two or three weeks a series of isolated cases, and then a sudden outburst in which a large number of people are affected almost simultaneously. A waterborne epidemic which occurred in the autumn of 1904 in a mining district in Wales presented similar features [9].

The difficulties inherent in the problem of the diagnosis of the typhoid bacillus have not been diminished by the discovery of any new method of importance during the year under review, and, while it appears that the reputation of the Hoffmann-Ficker and Drigalski-Conradi processes is well maintained, criticism is not wanting regarding some other methods and media. Endo's method of discriminating between colonies of *b. coli* and *b. typhosus* has been tried in a thorough manner by Ruata [10] with results which differ essentially from those obtained by Endo. The medium is of gelatine containing fuchsin decolourised by the addition of sulphite of soda, and it is claimed that when sewn with *b. coli* it recovers its colour and when sewn with *b. typhosus* remains uncoloured. Ruata tried it with seven coli strains and 23 typhoid strains obtained from different sources. He affirms that with *b. coli* the red colour does not always appear in the medium and that with *b. typhosus* it often does. Moreover, he states that fuchsin *plus* sulphite of soda is a very unstable compound so that the medium often acquires the red colour during sterilization or even after remaining some hours in the laboratory. Ruata has himself devised a new medium [11] which has as its basis blood albumen to which a solution of turnsol is added. When sown with *b. coli* the turnsol is decolourised and there is at the same time a precipitate of albumen; with *b. typhosus* these changes do not occur.

The experiences of Rodet and Lagriffoul and of Conradi upon the problem whether the typhoid bacillus undergoes any change of properties by long sojourn in water were referred to in the reports for 1902 and 1903, and more recently Klotz [12] has isolated from water a bacillus which resembled the typhoid bacillus in its morphological characters, its staining reactions, its cultural characters upon some media, and, especially, in being agglutinated by a typhoid serum in a dilution of 1 : 1240, but which differed in its motility and in its cultural characters upon potatoes and some other media. On the other hand, Savage, [13] in the course of an elaborate bacteriological investigation of tidal mud, found no evidence that either typhoid or colon bacilli undergo any alteration in characters in this environment.

As usual the literature of the year contains accounts of several investigations upon the important problem of the length of life of the bacillus in water and as usual the results obtained by different observers were very different—partly perhaps because the conditions under which the experiments were carried out were not always the same. Jordan, Russell and Zeit [14] have studied the viability of *b. typhosus* in the water of a lake, a canal, and a river in America. The experiments were carried out on a plan calculated to reproduce as nearly as possible the conditions to which the bacillus would be subjected under natural circumstances. They found that only a very insignificant number of typhoid bacilli survived a sojourn in the water of more than three or four days. Hoffmann's experiments [15], on the other hand, showed that under some circumstances typhoid bacilli can remain alive a long time in impure water. He caused the water in an aquarium tank containing fish to be contaminated with typhoid bacilli from a 24-hours bouillon culture and from time to time examined specimens of the water. Despite the presence of many varieties of saprophytic organisms and protozoa, he was able to isolate typhoid bacilli from the water two months after the date of contamination. The opinion referred to in previous reports that typhoid bacilli can live longer in sediment and mud than in the clear water above it is supported by the results obtained by Savage [16] in his bacteriological investigation of tidal mud. He found that typhoid bacilli can survive readily for two weeks in the tidal mud of rivers and that although after this period their numbers rapidly decline a certain number may survive for at least five weeks.

Finally a few words will suffice to refer to the more recent work upon the bacillary criteria of specifically contaminated water. As regards the significance of *b. coli* as an indicator of fæcal contamination the two chief points to be inferred from the more recent work of Houston, Savage, Gautié and others[17] are the vastly greater importance of the isolation of "typical" coli than of "coli-like" microbes and the great importance not of the mere presence of coli in a water but of the numbers present : the mere detection is of little value ; they must be enumerated. To this may be added the enumeration of total "coli-like" microbes, for by recent researches Houston has shown that the greater or less abundance of coli-like microbes and the predominance or otherwise of typical over atypical coli may serve to indicate the degree and time of fæcal contamination with a precision not hitherto attained[18]. In connection with this portion of the subject the experiments of Major McNaught, R. A. M. C., are also of some interest. Among other results he found that the length of life of *b. coli* in unsterilized water varied greatly in waters from different sources, that the purer the water the longer did *b. coli* survive in it, and that in sterilised water it lived for from five to eight months [19].

Infection by milk and other foods.

The problem of infection by milk or by other foods such as raw vegetables, watercress, shellfish, etc., may be referred to briefly. In accounts of outbreaks presumably caused by infected milk the incriminating evidence is usually based upon a process of exclusion of other possible factors, but there is no doubt that as an etiological factor of importance milk has lost none of its significance during the past year. And this is especially true in India where it happens very frequently that the cause of cases of enteric fever can be traced to milk purchased from native hawkers. An account of an outbreak which in all probability originated in this manner is given by the Sanitary Officer of the Eastern Command in his report for 1904 and for particulars of other milk-borne outbreaks the reader may be referred to the accounts of the epidemic of typhoid fever which occurred at Ealing in July 1903 [1] and to the accounts of two epidemics recorded by Stokes [2]. The paper by Bassenge [3] upon the viability of the typhoid bacillus in milk, that by Sommerfeld [4] upon the problem of the bactericidal properties of the albumens of milk and that by Klein [5] upon the presence of Gaertner's bacillus in the milk of cows are also of interest in this connection.

As regards instances of alleged infection by eating raw vegetables it is satisfactory to learn from the experiments of Clauditz [6] that the infection is always upon the outside of the plants ; in no case does it penetrate into their substance, and from the experiments of Houston [7] that the danger of infection from watercress or other uncooked vegetables is enormously reduced, if not almost entirely nullified, by careful washing.

The problem of infection by eating oysters, cockles, and other raw shellfish has been studied during the past year chiefly by Bulstrode, [8] Klein [9], and Vivaldi and Rodella [10], but as infection by the medium of raw shellfish is probably rare in India it will suffice to refer the reader to the above papers for details of cases due to this agency and of the experimental work done upon the subject.

The bacilli in blood urine, fæces, etc.

Whatever difference of opinion there may be regarding the relative importance of the different modes of infection just considered, there can be none regarding the importance of a knowledge of the distribution of the typhoid bacillus in the body and of the paths of its exit therefrom, for in a campaign directed with regard to any or every mode of infection this knowledge is requisite. In this connection, therefore, it is necessary to remember that the typhoid bacillus may be found in almost any part of the human body and may occur, moreover, without setting up characteristic enteric lesions and symptoms. Cases such as those recorded by Blumenthal, [1] Phillips and Spilsbury, [2] Maldagne [3] and Stokes and Amick [4] suggest also that the bacillus may sometimes be the cause of other diseases than enteric fever. Recent work has served to place upon a sure basis the view that typhoid fever is in all cases a general infection—a septicæmia—the bacillus being present in greater or less abundance in the blood in almost every case and moreover very early in the course of the disease. The results obtained in this research by different observers have been chronicled year by year in this report and in order to bring the record up to date it is necessary to refer only to the work of the past year. Perquis [5], using a modification of the original method of Castellani, obtained a positive result in 38 out of 40 cases. In the two negative cases the blood was not examined until after the 20th day of the disease. In one case the bacilli were isolated from the blood as early as the second day of the disease. Rolly [6] isolated the bacillus from the blood in 44 out of 50 cases and confirmed the general opinion of their greater abundance in the beginning and at the height of the disease than towards the end. Memmi [7] obtained a positive result in 17 out of 30 cases. From the point of view of diagnosis the chief advantages of hæmoculture over the Gruber-Widal reaction are that a positive result is conclusive and that it affords valuable information in those circumstances where the Widal reaction often fails, namely, in the early days of the disease and in cases where there has been a previous typhoid infection: its main disadvantage is the time necessary for carrying it out. As regards the bacilli in urine and fæces there is little to add to what was said in these reports for 1902 and 1903. Herbert [8] examined the urine and fæces of a number of patients during convalescence and found the bacilli in the urine in 18 per cent. and in the fæces in 3 per cent. They were found as late as six weeks after the fever had ceased. The method of Drigalski and Conradi still holds its own as one of the quickest and surest processes for the isolation of the bacillus from the fæces, while the selective medium (malachite-green-agar) of Lentz and Tietz has also received its share of praise from some observers. An excellent summary of the literature dealing with the various methods and media that have been introduced during the last few years for the isolation of the bacillus from fæces will be found in a recent article by Reischauer [8].

Soil, dust, flies, clothing.

Although it is the present opinion of the best authorities that the life of the typhoid bacillus in soil—and, indeed, its life as a saprophyte generally—is very short, it cannot be disputed that specifically polluted soil is potential of much danger. And even Koch, whose views regarding the short life of the bacillus outside the human body are now well known, looks upon the soil near privies and latrines as a very real danger, especially because of the ease with which it can be conveyed into houses on the boots of those who enter the latrines. This is a view which finds acceptance at the hands of all medical officers with Indian experience and it must appeal with equal force to those with experience of the conditions of life on field service in any country, for it is well known how frequently it happens that the latrines and trenches of a camping ground previously occupied by men suffering from enteric fever form foci of infection for troops whose ill-fortune it is to follow them on the march. In reality the danger is not so much from the soil as from the fæces or other excreta in which it is known that the bacilli are capable of remaining alive and of retaining their virulence, but, of course, the possibility must not be forgotten that in soil the typhoid bacillus may undergo such changes in character as to render it capable of living as a saprophyte, for under experimental conditions Clauditz [1], by growing typhoid bacilli in bouillon along with small quantities of earth, succeeded in obtaining a race that did not die out when placed in soil; and it is possible also that the bacillus may exist in the soil in some hitherto undiscovered form: Almquist [2] considers that he has found such forms and thinks they may play an important rôle in the spread of the disease.

While no new observation of importance regarding the spread of infection by dust or by flies has been brought forward during the year under review, evidence is accumulating that at any rate in Indian cantonments both these agents in dissemination must be reckoned with. Important testimony to this effect is contained in the annual reports of the Sanitary Officers of the different Commands, but as these are summarised in a later paragraph they need not be referred to in detail here. In connexion with the spread of infection by dust it may be mentioned that Heim [3] reports having obtained a good growth from typhoid bacilli which had been kept quite dry for nearly five months, and quotes Billing and Peckham as having obtained a growth from typhoid bacilli which had been kept dry on silk threads for 229 days; and the experiments by Roaf upon the length of life of the bacillus in sweepings from wheat flour are also of some interest in this connection.[4] The special committee appointed to enquire into the causes of the epidemic of typhoid fever which prevailed among the troops during the Spanish-American war were of opinion that infected water was not an important factor in the spread of the disease, but that flies undoubtedly served as carriers of infection. They stated also that men transported infected material on their persons or in their clothing and thus disseminated the disease [5]. In a report to the Local Government Board on an outbreak of enteric fever in a colliery settlement near Doncaster Dr. R. A. Farrar brought forward evidence tending to show that the origin of the outbreak was the presence in some of the capacious privy middens in the affected area of specifically infected matters derived from the earliest cases which occurred, and that flies, which were present in great abundance, carried the infected material from the middens to articles of food in neighbouring houses.[6]

Preventive measures.

Infection by water, by food, and by contact are now considered to be the three modes by which outbreaks of enteric fever are caused and for a successful campaign against the disease all these modes must be taken into account. At the same time the results obtained by Koch and his followers have shown that much useless effort may be expended in dealing with problematical avenues of infection if the details which are necessitated by the view that the human host is, after all, the chief source of infection are neglected. The importance of recognising this truth is especially great in India where, in all probability, water now generally plays only a minor part in the dissemination of enteric fever, and, while guarding as far as possible against infected water or food, our first object in prevention must be to deal effectively with the earliest patients, with every one who has come into contact with them and with everything they have handled or used. Prompt diagnosis of all cases, strict isolation, and thorough disinfection, were the means relied upon in the successful compaigns against typhoid fever in Hochwald, Waldweiler, Treves, Saarbrücken, etc., referred to in last report and there is little doubt that in measures upon similar lines lies the best hope of a successful combat against the disease in Indian cantonments. Already there is evidence that this has been fully realized by those responsible for the health of British troops in this country, and we may look forward hopefully to favourable results in the near future. Detailed instructions issued to medical officers deal with the isolation in a special ward of all patients suffering, or suspected to be suffering, from enteric fever, as well as with the disinfection of their excreta, regimental clothing, boots, barrack bedding, mattresses, feeding utensils and all other articles used by them: they provide also that patients shall be kept under observation for some time after convalescence has set in and that during this period of observation they shall use a separate latrine and urinal, in which there are special arrangements for the disinfection of all excreta, and be treated with urotropine. In addition, instructions have been issued for the partial segregation during a period of 28 days of all regiments, drafts, and detached parties of men newly arrived either from England or from a station where enteric fever is prevalent. The men of such detachments will occupy either a special barrack or tents, will use a separate latrine and urinal, and will be inspected by a medical officer daily during the first week and not less than three times a week during the remainder of the period of segregation, so that any man who shows signs of digestive disturbance or fever may be isolated and kept under observation. On the occurrence of a suspicious case the usual measures of disinfection both as regards the patient and the tent or barrack where he resided will be taken. The issue of these rules indicates that in India the authorities responsible for the health of the British troops are disposed to regard enteric fever as a contagious disease and to deal with it by measures based upon this view. At the same time the precautions which have been or will be taken against the risks of infection from water or food are not less strict. The drinking-water is boiled at nearly all stations either in a Larymore boiler or in large cauldrons, and at most stations where the supply is from wells these have been covered in and have been fitted with pumps. Water-carts are employed for carrying water and the use of *mussacks* has been prohibited. Government dairy farms have been established at a number of stations and at others there are regimental dairies. Regimental aërated water manufactories are numerous and provide perhaps the safest aërated beverages procurable in India. Better arrangements for bathing as well as the institution of steam laundries will doubtless be gradually introduced into all the larger stations. Moreover, the sanitary condition of barracks has been greatly improved of late years and much greater attention is being paid to the soldiers' food and to the way it is cooked and served. In many regiments native cooks are no longer employed, and in all great attention is paid to the cleanliness of the kitchens and cooking utensils as well as to the protection of food from the risk of pollution by flies and dust. An attempt has also been made to interest the men themselves in the prevention of the disease by the issue to them of a pamphlet pointing out the ways by which enteric fever may be contracted and the rules of personal hygiene which may serve to ward off infection. Finally, experiments are in progress to ascertain the best system of disposal of excreta in cantonments, and in the meantime such all-important works as the removal of latrines and urinals from the vicinity of cook-houses, the provision of urine troughs in place of pans and the construction of latrines with impermeable floors, automatically closing lids to the seats, and fly-proof screens for the pans are gradually being carried out. From all these measures much may be expected, yet under the conditions of life in many Indian cantonments and especially under the conditions of life on field service we cannot hope even by the most thorough measures of general and personal hygiene to protect the young soldier completely from the risk of infection and there can be no doubt of the great advantage to be derived from an effective system of inoculation. Dr. Wright's anti-typhoid inoculation process has recently been approved by an influential committee of German bacteriologists and some 2,000 inoculations upon the German troops despatched to South-West Africa have already been carried out [1]. As regards the British Army the care of anti-typhoid inoculation is now in the hands of a committee and to them Major W. B. Leishman, R. A. M. C., has lately submitted a first report upon some investigations made by himself, Captain Harrison, Lieutenant Smallman and Lieutenant Tulloch in regard to the blood changes following inoculation. The general conclusions deduced by Major Leishman from the results of the investigation are briefly as follows: (1) even with very small doses of vaccine a remarkable development of protective substances occurred in the blood of the inoculated; (2) in no case, even with the highest doses of vaccine employed, did the reaction resulting from the inoculation appear excessive. At the end of 48 hours all symptoms had disappeared, except in the cases of a few individuals in whom pain and tenderness at the site of inoculation persisted for a day or two longer; (3) as regards e theffects of dosage upon the development of protective substances, the advantage appeared distinctly to rest with the group of men who received the largest dose while in the other groups the quantity of protective substances developed bore a general relation to the quantity of vaccine employed; (4) no evidence of the development of a "negative phase" following upon the inoculations was found in any of the groups, either on first inoculation or re-inoculation, but the method adopted in the investigation did not exclude the possibility of such a phase having developed in individual instances; (5) the interval of 11 days between the first and second inoculation appeared to be very suitable; (6) the amount of agglutinins developed in the various instances appeared to afford a general indication as to the development of the other protective substances [2]. Finally, it may be mentioned that Neisser and Shiga, Wassermann and others have advocated immunization not with killed bacilli but with a bacteria-free extract which contains the immunizing constituents in solution[3], and that some work with the same object has recently been carried out on animals by Smallman[4].

Opinions of Medical Officers.

11. Turning now to ascertain what opinions regarding the causation of outbreaks and cases of enteric fever were held by officers in charge of station hospitals in India during 1904, we note that although, as usual, careful investigation failed to reveal the source of origin of a large number of cases, the evidence tends to show that this was due more to the greater difficulties which attend the investigation of the origin of individual cases occurring at considerable intervals as compared with the investigation of the origin of a sudden outbreak affecting a large number of people more or less simultaneously, than to want of zeal in enquiry and search on the part of medical officers. And it is plain that even if the careful observations and enquiries which are now carried out with the object of tracing to its origin every case of enteric fever which occurs among British troops in India do not in all instances achieve the desired end, they cannot fail not only to bring to light numerous sanitary defects, the removal of which will lessen materially the danger of the various conditions which determine enteric infection, but also to bring about the attainment of a clearer view of the relative importance of these conditions as they are present in Indian cantonments. It is clear, for example, from the reports, that in the opinion of the great majority of medical officers water plays but a very minor rôle in the dissemination of enteric fever among British troops in India. As regards the year 1904, if we except some isolated cases, as, for example, a few at Mhow, which it was thought were due possibly to the patients having swallowed water while bathing in a swimming-bath to which men convalescent from enteric fever may have resorted, and the usual list of isolated cases attributed to drinking water from *nullahs* or village wells while on manœuvres, or on the line of march, or on leave for shooting or fishing, we are left with only one outbreak, which was ascribed on good grounds to infection by water. This outbreak (of 19 cases) occurred at Wellington in May and June; it was confined entirely to the troops in one set of barracks the water-supply to which was different from that to the remaining barracks, its onset was sudden, it affected a number of men within a short period, and it ceased when the water-supply was cut off, so that there was no doubt, in the medical officer's opinion, that it was due to contamination of the water. Regarding other modes of infection the reports show that there is an increasing tendency on the part of medical officers to attribute the origin of cases to the agency of direct or indirect infection from previous ones. Medical officers in at least fifteen stations attributed the origin of cases to this mode of infection and a number in other

stations referred to it as a possible factor. At least four cases of enteric fever occurred during the year among hospital orderlies attending upon patients suffering from the disease, and some medical officers describe in detail the precautions which the orderlies in their hospitals are required to take with the object of lessening the risk of their becoming infected from the patients under their charge, and from this as well as from the accounts given in the reports of the careful measures of isolation and disinfection carried out with regard to every case of enteric fever, it is apparent that most medical officers are of opinion that the disease is highly contagious, or at any rate that it is needful to take measures based upon this view. Of sources from which men become infected indirectly from previous cases the latrines are regarded as of the greatest importance by the majority of medical officers, and there are few who do not, by some reference or another, draw attention to their danger. It is in this connection that the risk of infected material being carried about by flies is referred to by most medical officers, and the carelessness with which soldiers carry out the details of the dry-earth system as well as the fact that in many stations the latrines are situated near the cookhouses are mentioned as factors tending to increase this risk. Several medical officers refer to the truth that many soldiers are unwilling to report that they are sick or to come into hospital until obliged by severe illness to do so, and the chief danger of " latrine infection " is to be feared from such men and from light " ambulant " cases. In order to minimize this danger as much as possible, most medical officers now admit into hospital at once every case of fever, however light, on the supposition that it may turn out to be enteric fever. Finally in connection with this mode of infection it may be noted that at Ambala, where, during 1904, there were 105 cases of enteric fever among the troops, only one case occurred among the women and no case among the children, and it was suggested that this immunity might have been due to the fact that these people used only closed commodes. There are fewer references than usual to the risk of infected material being carried about in dust, but especially as regards the prevalence of the disease in Rawalpindi, Ambala, Quetta, Jubbulpore and Secunderabad it was regarded by the medical officers as an important factor. Some medical officers consider that the Allahabad system of disposal of excreta contributes largely to the danger of infected material being blown about in dust; others, however, attribute the decrease in the prevalence of enteric fever which occurred at their stations to the introduction of this system, and there can be no doubt that if the details are thoroughly carried out, under proper supervision, it is excellent, but, as in all systems, continued effort is necessary for success.

Although the problem of whether enteric fever is, or is not, a common disease among natives of India is as yet undecided, it is evident that medical officers still hold as firmly as ever to their opinion that many cases are contracted either in native bazaars or from food purchased from native hawkers. In support of his opinion that the infection in a number of cases at Pachmarhi was contracted in the bazaar, the medical officer stated that he saw one case of enteric fever in a native child and heard of three others which occurred about the same time. Infected milk obtained from bazaars was regarded as the cause of cases in Neemuch, Bangalore, Bareilly, and one or two other stations, and, as illustrating how numerous are the dangers which have to be guarded against in connection with any supplies obtained from natives, it may be mentioned that at Sialkot the native cow-keeper was discovered on one occasion adding water from a cattle trough to the milk which was to be supplied to patients in hospital. Aërated waters made in bazaars come in as usual for a large share of condemnation and of other supplies liable to contamination from being handled by natives, fruit, lettuce, onions and other raw vegetables, and native sweetmeats were all suspected to be the cause of cases in different stations.

For the rest it may be noted that, as usual, a large number of cases were contracted in other places than where they were treated, and there is little doubt that direct importation of the disease from one station to another is a real danger which, however, will be materially lessened by the measures of segregation already referred to in the paragraph relating to preventive measures. In addition to cases which are contracted during marches from one station to another in the plains or during the yearly move from the plains to the hills, a number of cases are contracted during journeys by train, and it is recommended by some medical officers that on all trains which convey troops an ample supply of pure drinking water should be carried in tanks covered with felt, which could be kept constantly wet so that the water would be cooled by evaporation.

Finally, mention may be made of the much more extensive use of the serum test during the year under review than during previous years. Out of a total of 85 stations in which enteric fever prevailed during 1904, the test appears to have been employed more or less as a routine procedure in 50, and it appears that in most cases it yielded results which either aided materially in the formation of an accurate diagnosis or confirmed the diagnosis already made upon clinical grounds.

Special sanitary investigations.

12. The reports of the Sanitary Officers of the different Commands for the year 1904 deal with schemes of water-supply and of disposal of excreta as well as with investigations into the origin of outbreaks of enteric fever and with microscopical, bacteriological and chemical examinations. For the Northern Command, Major Scott, R.A.M.C., gives an account of two schemes of water-supply for Bannu which, however, do not call for detailed notice here. He also describes the deep pit system of disposal of excreta which is in use at Quetta, and points out how inapplicable such a system, which appears to have been successful under the peculiar conditions which exist at Quetta, would be to a station like Rawalpindi. The chief interest of the report lies, however, in the accounts of outbreaks of enteric fever at Jullundur, Dalhousie and Ambala. His investigation at the first of these stations led him to assign the outbreak to infection from a latrine which had been used by a patient. This latrine was situated between the barracks and the cookhouse and was only 18 paces from the latter. In connection with the investigation of the cases at Dalhousie the rest-camps on the Pathankhot-Dalhousie road were inspected, and it was found that all were greatly fouled by human excreta. As regards the origin of some of the cases of enteric fever, Major Scott was of opinion that the camp latrines and soil had been infected by enteric fever patients who had passed through the camp previously. The latrines were of a very primitive type, namely trenches 1 foot wide and 1 foot deep: they remained open all day and were closed in only very indifferently after the detachment had moved on. Soiling of the edges of these trenches was of frequent occurrence, and it appeared very probable that men going to them might easily carry back into the camp and tents infective material on their boots and clothes. At

Ambala the disease was confined almost entirely to the British regiments in two standing camps. These had been pitched year after year on the same site, along one flank of which there was a stretch of ground which was used for trenching night-soil. The trenching was indifferently carried out and flies abounded. Major Scott observed that the onset of enteric fever was coincident with the advent of the hot weather when high winds and clouds of dust prevailed, and that there was a noticeable diminution in enteric fever during the months when dust was laid by the rains. For the Eastern Command, the report of Major Aldridge, R.A.M.C , deals with the water-supply of Benares cantonment, with the method of disposal of sullage water in Fort Allahabad, with some experiments for testing a steam disinfector and an incinerator, and with accounts of outbreaks of enteric fever at Dinapore and Jhansi. As a result of his investigations into the origin of these outbreaks he considered it very probable that the former was milk-borne and that in the latter the latrines were the source of infection, the dissemination of the disease being effected chiefly by the agency of flies which were very numerous in the latrines and kitchens. In this connection he gives an interesting account of some observations upon the life history of the common house-fly which may be summarised briefly here. It appears that these flies lay their eggs most frequently in the filth in the latrines and that the eggs are hatched into larvæ and pupæ when the excrement has lain for some days in the trenches. The time taken for development varies with the temperature : in the hot weather it was found that in the soil of trenches pupæ were developed from the eggs in about nine days ; in the cold weather in about 21 days. Full-grown flies were not in most cases to be found in large numbers at the trenching grounds, but the numbers of larvæ, pupæ, and young flies, to be seen on turning up the earth were so great that it was difficult to avoid the conclusion that the majority of flies in cantonments are bred there. The full-grown flies are most numerous in the kitchens and latrines of barracks : in the former they find their food, and in the latter, the moist excrement in which to lay their eggs. Major Aldridge found that the eggs are somewhat resistent to the action of several chemicals ; immersion for two hours in a 10 per cent. solution of common salt or of mercuric chloride or in a 2 per cent. solution of carbolic acid failed to prevent the larvæ hatching out. Immersion for 24 hours in any fluid however, killed a considerable proportion of the eggs and all the larvæ. As regards seasonal prevalence he notes that while it is always difficult to form an accurate estimate of the relative abundance of flies at different seasons of the year, it would seem that as regards the Eastern (Bengal) Command the seasons of greatest prevalence of flies and of enteric fever correspond very closely, *viz.*, March and April and again August and September. The report of Major C. R. Elliott, R.A.M.C., the Sanitary Officer of the Western Command, deals with an outbreak of cholera among British troops at Poona, a short account of which has already been given in a previous paragraph, as well as with the outbreaks of enteric fever at Poona and Kirkee and with the usual inspection work and results of bacteriological and microscopical examinations. From the investigation at Poona it appeared that the view of " latrine infection " fitted best with the facts, and as the Sanitary Officer was not satisfied that at the beginning of the outbreak disinfection of the latrines had been carried out in a sufficiently thorough manner, he recommended that the troops should be moved into camp while the disinfection of infected latrines and barracks was being undertaken. This was done and the number of admissions at once declined rapidly, a result which caused the Principal Medical Officer of the Command to express the opinion that, where climatic conditions permit, an outbreak of enteric fever should be treated like cholera, the barracks being evacuated. As regards Kirkee it was reported that the water-supply is most unsatisfactory. The water in the Pashan reservoir fell below the filtration level in the middle of April and from this time until early in August unfiltered water was supplied. The Pashan supply then failed altogether and filtered water had to be brought in water-carts from Poona. All the water for the troops, however, was carefully boiled, cooled and stored, and Major Elliott did not consider that enteric infection was to be attributed to it: on the whole he was inclined to regard the latrines and the fouled ground near their vicinity as the principal source, the carriers being dust and flies. The situation of the latrines—to the windward of barracks and within 17 yards of the corresponding cookhouses—favoured the view that infection was spread in this manner.

Enteric fever in 1904. Appendices A, B to Section II and D to Section III, Table IV.

13. The prevalence and distribution of enteric fever among European troops in India during 1904 may now be noted briefly. There were in all 1,395 admissions and 267 deaths reported during the year as compared with 1,384 admissions and 295 deaths in 1903. The admission-rate per 1,000 of strength remained the same as in the previous year, *viz.*, 19·6, and this is not unsatisfactory in the light of the facts that it had risen steadily from 12·8 in 1901 and 16·7 in 1902 to 19·6 in 1903 and that there were 1,348 more men between 20 and 25 years of age (the age period of greatest liability) in India during 1904 than during 1903. On the other hand, it has to be remembered that there were a considerable number of men in India during 1904 who had already suffered from enteric fever in South Africa, so that on the whole the statistics are not so favourable as might have been hoped for in view of the numerous measures of prophylaxis now in force. The average duration of a case in 1904 was 67·75 days against 54·48 in 1903, the average number of men constantly sick was 256·20 against 203·88, and the total loss of service due to enteric fever alone was 93,769 days against 74,416. On the other hand the death-rate fell from 4·19 per mille in 1903 to 3·76 per mille in 1904, a gain which is made more evident by saying that among every 1,000 patients 22 more recovered during 1904 than during 1903, and 66 more than during 1902. It may be hoped that this gain is, at least in part, due not only to more successful treatment but also to the more frequent discovery of mild and "ambulant" cases, which in former years might possibly have not been admitted into hospital at all, or, at any rate, might have been diagnosed under an incorrect heading.

Enteric fever in Commands and Groups. Appendices A and B, Table VIII.

14. The disease was most prevalent and fatal during the year among the troops in the Eastern Command, but the differences between the rates are not great. As regards Divisions it was most prevalent among troops in the 5th (Mhow) Division, the 2nd (Rawalpindi) Division coming next and the 9th (Secunderabad) Division next; and least so among troops in the Burma Division. As regards geographical groups the Gangetic Plain group (V) stood at the head of the groups in 1904, group VIII (Central India) coming next and group VI (Upper Sub-Himalaya) next. In these three groups, which may be said to comprise the chief endemic area, there were 6 stations in which rates above 40 per mille were recorded as well as one station with a rate above 30 and 8 stations with rates above 20 per mille. On the other hand, the Bengal-Orissa (IV) and Western Coast (X) groups did not together furnish more than 4·3 cases per mille of strength.

Enteric fever in stations. Appendices C and D. Tables III and IV.

15. Admission-rates of over 20 per mille were recorded in 28 stations as against 29 in 1903, and among these the following may be enumerated with their admission-rates per mille :—

In group VIII.		In group VI.		In group V.	
Jhansi ...	50·1	Meerut ...	44·9	Fatehgarh ...	72·5
Mhow ...	27·0	Ambala ...	40·7	Lucknow ...	51·6
Agra ...	25·2	Jullundur ...	34·7	Dinapore ...	41·7
Indore ...	22·9	Sialkot ...	29·6		
Nasirabad	21·8	Rawalpindi ...	29·2		
Neemuch	20·3	Lahore ...	20·8		

The list also includes Poona (33·8), Jubbulpore (23·0), Quetta (28·2), Kirkee (39·2), Bangalore (31·7), Barrackpore (25·4) and Secunderabad (23·2) as well as 6 hill stations and convalescent depots. It is worthy of note that at Pachmarhi, which is a sanitarium in the Western Command, there were 24 admissions and 4 deaths among an average of 162 men, which gives the very high admission and death-ratios of 148·1 and 24·69 per mille respectively. The special points of interest in connection with the causation of the more important outbreaks have been summarised in previous paragraphs.

Relation of enteric fever to age and length of residence in India. Tables XV and XVI.

16. In 1904, as in previous years, the greatest liability to suffer and die from enteric fever fell upon the age-period 20 to 25, and upon the first year of Indian service. As regards the age-period, this is indicated in the statistics by the fact that nearly 75 per cent. of the total admissions at all ages were among men up to 25 years of age, and as regards the length of Indian service by the fact that nearly 66 per cent. of all cases occurred among men during their first two years of Indian service. There has been a tendency during recent years to a rise in the admission-rates for the higher age and service periods : in 1904 the admission-rate of men in the highest age-period (over 35 years of age) was 4·0 per mille as compared with 3·5 per mille in 1903 and of men in the highest service period (five years and upwards) it was 11·4 as compared with 10·2.

Plague and some other general diseases. Table LIII.

17. Among European troops there were recorded in 1902 four cases of plague with one death ; in 1903 twelve with two deaths and in 1904 only two with no death. This is very satisfactory in view of the great increase in the distribution and prevalence of the disease among the native civil population during the year. One of the cases during 1904 occurred at Ambala in the Northern Command and the other at Bombay in the Western Command. The patient at Ambala was employed as a military policeman in the *sudder* bazaar where plague prevailed severely among the native population and doubtless he contracted the infection while on duty there. The other patient was admitted into hospital within half an hour of his arrival at Bombay, and it was thought that he had contracted the infection at Poona, where the disease was very prevalent among natives. There were altogether 24 admissions on account of measles, the majority occurring at Lucknow and Ambala. Erysipelas accounted for 28 cases with one death. Of the 27 admissions ascribed to beri-beri, no less than 22 were recorded in Aden. The chief signs of the disease among the patients in this station were pains in the calves, slight œdema of the ankles and legs, dyspnœa, disordered action of the heart and an extremely rapid feeble pulse. There was no albumen in the urine of any

patient. The medical officer was unable to throw any light on the cause of the disease, but was of opinion that the source of infection might possibly be connected in some way with the soil. It is worthy of note that no case of beri-beri was recorded among native troops in this station. There were altogether 439 cases of dengue with one death, as compared with 303 cases with one death in 1903. The disease was practically confined to three stations in the Secunderabad Division and two in the Burma Division, Fort St. George (Madras) with 150 cases, St. Thomas's Mount with 140 cases, and Rangoon with 141 cases being the chief places affected. At Fort St. George the disease was epidemic during July and August and again during October and November, but January was the only month during which no admission was recorded. The medical officer brings forward evidence to show that a continued fever which in some years has been recorded under the headings of ague and simple continued fever and in others under the heading of dengue has prevailed in the fort for a number of years and that the recorded increase in the prevalence of dengue in recent years is largely the result of a change in diagnosis. This opinion receives some support from the statement in the margin, from which it will be seen that during recent years dengue has taken the place in the statistics formerly occupied in some years by ague and in others by simple continued fever. As regards St. Thomas's Mount, it is said that the epidemic of dengue prevailed from August to November. New-comers were much more liable to be attacked than those who had resided for some time in the station. At Rangoon the disease was of a mild type, and prevailed chiefly from May to August. There were recorded 63 admissions on account of *Bilharzia hæmatobia* during the year as compared with 318 in 1903, and as regards 26 of the cases it is stated that the men had arrived from service in South Africa. The number of stations in which a case or cases were detected was 26 as compared with 33 in the previous year. Some of the patients who were found to be suffering from this disease in the previous year were invalided during 1904, so that there were in all 71 men invalided for this cause during the year.

Year.	FEVERS IN MADRAS. *Total admissions.*			
	Ague.	Simple continued fever.	Dengue.	Total.
1897	170	10	0	180
1898	68	131	0	199
1899	96	85	0	181
1900	101	7	0	108
1901	27	168	0	195
1902	27	20	17	64
1903	17	1	82	100
1904	13	3	150	166

Tubercle of the lungs. Appendix A to Section II and E to Section IV, Tables III and IV.

18. Although there was a slight fall in the admission-rate on account of tubercle of the lungs for the European army as a whole (from 3·4 per mille in 1903 to 2·8 per mille in 1904), the death-rate rose from ·24 to ·38 per mille, and the number of men invalided for the disease rose from 91 to 223. There is therefore little cause for satisfaction in the lowered admission-rate, especially as this rate was higher than in the previous year in the Northern (Punjab) and Eastern (Bengal) Commands, where nearly half the total number of troops are located. The death-rate was considerably highest in group X (Western Coast), but this is not due to any special incidence of the disease on troops in this group, but to the fact that at Colaba there were five deaths among invalids from other stations who were awaiting passages to England; and this number when worked upon the low strength of this group (1,645) gives the high ratio of 3·04 per mille as compared, for example, with a ratio of ·91 per mille, which was the highest in any other group. The largest

number of admissions at any station was 24 at Dalhousie, but it is said that in none of the cases did the disease begin in this station but either in the plains or, in some cases, in South Africa. The death-rates from tubercle of the lungs among European troops, native troops and native prisoners during the year were in the proportions of 5, 7 and 48 respectively as compared with 5, 14 and 81 respectively in 1903.

Pneumonia and other respiratory diseases. Appendices A, B to Section II and H to Section III, Tables XII, III and IV.

19. In 1904 the admission and death rates from pneumonia were 3·4 and ·52 per mille, respectively, as compared with 4·6 and ·57 in 1903, the total numbers of admissions and deaths in each year being respectively 240 and 37 in 1904 and 323 and 40 in 1903. There was a decline in the admission-rate in all the geographical groups except I (Burma Coast), VII (Indus Valley), IX (Deccan) and XII (Hills and convalescent depots), but it was greatest in groups X (Western Coast), IV (Bengal-Orissa) and VI (Upper Sub-Himalaya). Groups VII and XII, which are among those where the rates were higher in 1904 than in 1903, are the groups in which pneumonia is invariably most prevalent and fatal among native troops. Excluding stations where the average strength was below 150, the highest admission-rate for the year (17·4 per mille) was recorded in Purandhur, where there were 3 admissions among an average of 172 men. This is a small sanitarium in the Western Command, at a height of 4,564 feet above sea-level. The next highest rate (17·2 per mille) was at Dagshai (5,982 feet above sea-level), where, with an average strength of 698 there were 12 admissions and 3 deaths. For the country as a whole the month of maximum prevalence was January, while fewest cases occurred in September.

There was a slight increase in the admission-rate on account of other respiratory diseases as compared with the previous year, *viz.*, 21·4 against 20·5 per mille, but the death-rate was only ·10 as compared with ·21 per mille. Burma Coast (I) was the group in which these diseases were most frequent during the year, and as regards stations (excluding those at which the strength is low), the highest rates were recorded in Kasauli, Rangoon, Dum Dum, Wellington, Purandhur, Shwebo and Jhansi.

Dysentery and Diarrhœa. Appendices A, B to Section II and E to Section IV, Tables XIII, III and IV.

20. Among European troops as well as among native troops and prisoners there has been a more or less steady diminution in the admission and death rates on account of dysentery during recent years. In 1904 the admission-rate among European troops was only 12·6 per 1,000 as compared with 16·9 per 1,000 in 1903 and 29·6 per 1,000, which was the rate for the decennium 1891-1900. The decline in prevalence has been more rapid as regards European than as regards native troops, among whom the disease is usually about twice as prevalent. The death-rate among European troops was ·42 per mille in 1904, as compared with ·70 in 1903 and ·87, which was the rate for the decennium 1891-1900. The disease was most prevalent and fatal during the year among European troops in the Eastern of the three Commands, and most prevalent in the 8th (Lucknow) and in the 9th (Secunderabad) of the ten Divisions. The death-rates were highest among troops in the 7th (Meerut) Division and the 5th (Mhow) Division. For the European army as a whole August was the month of greatest prevalence, and fewest cases occurred in February; as regards the month of maximum prevalence this remark also applies to both native troops and prisoners. Excluding stations where the strength was below 150, the highest admission-rates were

recorded in Barrackpore (72·0 per mille) and Jubbulpore (44·6). At the former station (average strength 236) there were 17 cases with one death, and at the latter (average strength 740) 33 cases with two deaths.

Among the whole European army of India there were 930 admissions on account of diarrhœa with no fatality, as compared with 898 admissions and 30 deaths on account of dysentery. The admission-rate from diarrhœa was nearly the same as in 1903 (13·1 per mille as compared with 13·5), and it may be noted that while the admission-rate of dysentery had declined rapidly during the last four years that of diarrhœa has not done so. During 1904 there was but little difference in the incidence of diarrhœa on troops in the three Commands. The disease was most prevalent among the troops in the Burma Division, the ratio of admission being 20·1 per mille. As regards geographical groups, the rate in the Burma Coast group (I) was much the highest, and in this group is included Rangoon, at which station the rate of admission was 50 per 1,000. It is possible that in this station, as in some others, the recorded reduction in the prevalence of dysentery is due in a measure to change of diagnosis, for it has been accompanied by a marked increase in the recorded prevalence of diarrhœa.

Hepatic abscess. Appendix A. Tables III and IV.

21. In all 185 admissions (211 cases treated) on account of abscess of the liver with 97 deaths were recorded during 1904, as compared with 169 admissions (199 cases) and 92 deaths in the previous year, the admission and deathrates being in 1904, 2·6 and 1·36 per mille and in 1903, 2·4 and 1·29. The admission-rates differed only very little in the three Commands, but if the statistics of the ten Divisions are considered separately, it is seen that the disease was considerably more prevalent among troops in the 8th (Lucknow) Division than in any other. The death-rates were highest among troops in the Aden Brigade and the 6th (Poona) Division. As regards geographical groups, the actual numbers of cases in any year are too few for a comparison to be of value, but on the quinquennial rate, group IV (Bengal-Orissa) stood at the head of the list both as regards the admission and the death rate, and it is noteworthy that on the same rate this group also stood at the head of the list as regards the prevalence and mortality of dysentery. As regards stations, excluding Poonamalee and Taragarh, where the average strength was low, the highest admission-rate was recorded as usual in Barrackpore, where there were five cases with two deaths. At Lucknow, however, there were 15 admissions and 5 deaths, at Ambala 11 and 3, at Secunderabad 10 and 6, at Poona 10 and 7, at Mhow 8 and 3, and at Dinapore 6 and 5. There was a history of dysentery in four of the five cases at Barrackpore, in two of the fifteen at Lucknow, in four of the eleven at Ambala and in one of the ten at Poona: and as regards the findings at *post-mortem* examinations multiple abscesses were found in both the fatal cases at Barrackpore, in two of the three fatal cases at Ambala and in six of the seven at Poona.

Alcoholism. Tables XVI and LIII.

22. There were nine deaths from alcoholism during 1904 against five in the previous year; the average number recorded annually during the decennium ending 1900 being seven.

Venereal diseases. (2)

23. The recorded admission-rate for all venereal diseases in 1904 was 198·5 per mille of strength, the death-rate was ·21 per mille and the constantly sick-rate was 17·5 per

mille. These figures are represented in actual numbers by 14,113, the total admissions, 15 the total deaths, and 1,241 the total number constantly sick during the year. The corresponding figures in 1903 were, as regards rates, 247·0 per mille, ·14 per mille and 22·3 per mille, and as regards actual numbers, 17,401 the admissions, 10 the deaths and 1,567 the number constantly sick. That in some measure this great reduction in the rates is due to a real reduction in the prevalence of venereal disease among European troops is at least probable, for the strenuous efforts which are being made by all classes of military and medical officers as well as by cantonment magistrates in India to lessen the enormous annual wastage from this cause cannot fail to have had some effect; but at present it would be unwise to attribute more than a small share of the reduction in the rates to a real dimunition in prevalence. During 1904 changes in the methods of classification, of diagnosis, of treatment and of statistical record were brought into force as regards venereal diseases, and for this reason it is probable that the statistics of 1904 are not strictly comparable with those of previous years. This is especially the case as regards syphilis, for which the admission-rate was only 49·1 per mille in 1904 as compared with 79·4 per mille in 1903. In all probability this great reduction in the rate was due chiefly to the new method of procedure, by which a second admission is not recorded when a patient who has already been admitted for primary syphilis develops secondary symptoms, as well as to the out-patient system of treatment, by which a number of cases are kept out of the returns which in former years would probably have appeared therein. At the same time the new system is a great improvement on the old one; it probably enables the true prevalence of syphilis among European troops in India to be represented more accurately in the returns than formerly; it ensures continuous and prolonged treatment; and, in the end, it will tend to bring about a real reduction in prevalence by reducing the number of sources of infection. It will be possible also in future years to ascertain with more accuracy than hitherto the true effect of preventive measures, for, when the procedure has been in practice for a year or two, the record of the number of men whose names have been placed on the "syphilis register" in any year will represent accurately the number of men who have contracted syphilis during that year. For the year 1904, however, this number doubtless includes the names of a larger proportion of men who contracted their infection in previous years than will be the case in future, so that it may not be strictly comparable with the numbers which will be shown in 1905 and following years, the less so, too, because the register was not begun until the 1st of June. Still, it is of some value to know that from this date until the end of the year the names of 2,947 men were placed on this register, because it tells us that there were, at the lowest estimate, this number of syphilitic men in the European Army of India during 1904, that is about 41 per 1,000.

The average period of detention in hospital of a patient suffering from any form of venereal disease during 1904 was 32·18 days, and the total loss of service involved amounted to 454,206 days, the non-efficiency thus reckoned being about five times as much as that incurred on account of enteric fever. This estimate of total loss of service takes count of only those periods during which patients were actually detained in hospital, it being assumed for the purpose of forming the estimate that when a patient is discharged from hospital for treatment as an out-patient, he is in all respects fit to perform, and does perform, his duties as a soldier.

There were 15 deaths (·21 per mille of strength) ascribed to venereal disease during 1904 as compared with 10 (·14 per mille) in 1903, and the number invalided for this cause was 199 (2·80 per mille) as compared with 213 (3·02 per mille). On examining the statistics for a number of years it will be seen that while there has been a steady and fairly rapid fall year by year in the number of invalids from these diseases there has been little or no tendency to an increase in the number of deaths which occur in India.

Venereal diseases were most prevalent during 1904 among the troops in the Eastern of the three Commands and among those in the 10th (Burma) Division of the ten Divisions. The admission ratio among troops in this Division was 344·5 per mille of strength as compared with the rate of 251·3 per mille in the Meerut Division, which comes next in order of prevalence of these diseases. The admission-rate was lowest in the Peshawar Division (110·4 per mille) and in the Rawalpindi Division (119·9 per mille), and it is worthy of note that, while the admission-rate among European troops in the Northern (Punjab) Command was only 143·5 per mille, the rate among troops outside this command was 220·1 per mille, which shows how much less prevalent are venereal diseases among troops in this Command than elsewhere. A similar remark applies also as regards the prevalence of the disease among native troops (see section III).

Excluding stations at which the average strength was less than 100, the highest admission-rates on account of venereal diseases among European troops in the Northern Command were recorded at Ambala (217·1 per mille), Mian Mir (199·7) and Solon (191·1), the highest among troops in the Western Command at Ahmedabad (322·2 per mille), Saugor (303·4) and Bombay (288·6), the highest among troops in the Eastern Command at Fort William (425·1), Agra (421·1) and Muttra (384·8), the highest among troops in the Secunderabad Division at Cannanore (605·3) and Wellington (267·1), and the highest among troops in the Burma Division at Maymyo (580·2), Rangoon (443·7) and Meiktila (380·5).

The admission-rate on account of gonorrhœa was 95·3 per mille in 1904, and that on account of soft chancre 54·2 per mille as compared, respectively, with rates of 106·0 and 61·6 per mille in 1903, and it will be noted that the decrease in the recorded rates of these less serious forms of venereal disease was not nearly so great as in that of syphilis. In all probability this is due chiefly to the altered methods of procedure as regards the diagnosis and statistical record of syphilis already mentioned.

Since last report was written discoveries have been made which give promise that the solution of the vexed problem of the causation of syphilis is not far distant. A summary of the more important of these will be given in Section IX, and the references to the literature dealt with therein will be found at the end of the present section.

Heat-stroke. Appendix A, Tables XVI and LIII.

24. The total number of deaths recorded as a result of heat-stroke during 1904 was 35 as compared with 54 in 1903 and 46 in 1902. The stations at which the largest numbers of deaths from this cause occurred during 1904 were Ambala (3), Ferozepore (3), Peshawar (3) and Mian Mir (4), all in the Northern Command.

Suicide. Tables XVI and LIII.

25. The average annual number of suicides reported in the decade 1891-1900 was 19, and this was the number reported in 1904. Eight were by gunshot, seven by cut-throat, three by multiple injuries and one by carbolic acid poisoning.

Invaliding. Appendix A, Tables XVII and LIII.

26. From the whole European army in India 2,507 men were invalided in 1904 (35·27 per mille of strength) as compared with 2,063 in the previous year (29·29 per mille). The rates per mille of strength ranged from 43·61 in the Western Command to 26·97 in the Burma Division. The chief causes of loss by invaliding have been mentioned in paragraph 2 above, and the most striking feature of the statistics is the large increase in the number of men invalided for tubercle of the lungs; of the 223 men invalided for this disease, 198 were under 30 years of age and 106 had been less than three years in India. Of the total number of men invalided from all causes, 50 per cent were under 25 years of age, an age-period which included 52 per cent. of the total strength; and 83 per cent. of the total invalids were under 30 years of age, an age-period which included 85 per cent. of the total strength. As regards length of service in India, 29 per cent. of all invalids had less than two years' service in India and 67 per cent. less than five years. The first of these categories included 44 per cent. of the strength and the second 80 per cent. During the year under review the proportion of invalids among men included in the low and high age-periods, respectively, was nearly equal, but the proportion among men included in the longer service periods was much higher than among those in the shorter.

Officers. Appendix E, Table XVIII.

27. The average strength of commissioned officers with European troops in India in 1904 was 2,319, and among these there were 1,785 cases of sickness, 141 were invalided and 21 died during the year. The admission-rate, the constantly sick-rate, and the death-rate were each lower than in the previous year, the death-rate falling from 13·24 to 9·06 per mille. The admission-rates on account of enteric fever, ague, remittent fever, small-pox, respiratory diseases and venereal affections all showed a decrease as compared with the figures of 1903, but there was an increase in the admission-rates of influenza, hepatic affections, and dysentery. This last disease was, however, much less fatal than in the previous year, only one death from it having occurred as compared with five in that year. There were six deaths from enteric fever, the chief cause of mortality, but the rate per mille (2·59) was lower than in 1903, when it was 3·65, and lower also than the rate for the troops (3·76). As compared with the incidence on the troops, the following diseases were more prevalent in proportion to strength: influenza, cholera, enteric, remittent and simple continued fevers, dysentery, diarrhœa, and inflammation and congestion of the liver, while the officers suffered less than the men from small-pox, ague, hepatic abscess, venereal diseases, tubercle of the lungs and respiratory diseases generally. One non-fatal case of plague occurred.

Women. Appendix F, Tables XIX to XXI.

28. There was a marked improvement in the health of the women during 1904 as compared with the previous year. On the average strength of 3,220 the admission-rate was 697·2 per mille, the constantly sick-rate was 30·6 and the death-rate was 12·42 as compared with rates of 758·9, 35·9 and 14·18 per mille, respectively, on an average strength of 2,891 in 1903. The chief causes of admission to hospital were, as usual, debility, ague, and the diseases peculiar to women, which together accounted for 64·90 per cent. of the total number of admissions for all causes. There were in all 40 deaths, of which 8 occurred in childbirth, 3 were due to enteric fever, 4 to tubercle of the lung and 2 to remittent fever. The highest admission-rate was recorded in the Secunderabad Division, and the highest death-rate in the Western Command.

Children. Appendix G, Tables XXII to XXV and LIII.

29. There was also less sickness among the children during 1904 than in either of the two previous years, but the death-rate was only very slightly lower than in 1903, although much lower than in 1902. On the average strength of 4,964 in 1904, the admission-rate was 452·1 per mille, the constantly sick-rate was 19·5 per mille and the death-rate was 36·87 per mille, and the chief causes of sickness were intermittent fever, respiratory diseases, diarrhœa and diseases of the eye. There was a considerable diminution in the prevalence of ague and in that of measles as compared with 1903. Out of the total of 183 deaths, 30 were attributed to diarrhœa, 20 each to debility, to immaturity at birth, and to respiratory diseases, 17 to convulsions and 12 to teething, under these headings being included altogether 54 per cent. of the total mortality. Among the exanthemata to which children are especially liable, there came under treatment during the year 79 cases of measles, 27 of chicken-pox, 4 of rubella, 2 of scarlet fever and 7 of small-pox; there were also 40 cases of whooping-cough, 24 of dengue, 7 of mumps and 5 of diphtheria. Sickness was greatest among children in the Secunderabad Division and mortality among those in the Northern Command.

The strength at the different age-periods, the death-rates per mille and the relative liability to death at each of these periods are shown in table XXV. Immaturity at birth was, as usual, an important factor in the excessive liability to death of children under six months of age.

Papers and Books referred to in Section II.

Abbreviations used below.

S.C.I. = Annual Report of the Sanitary Commissioner with the Government of India.
L. = Lancet.
B M.J. = British Medical Journal.
J.T.M. = Journal of Tropical Medicine.
J.H. = Journal of Hygiene.
J.P.B. = Journal of Pathology and Bacteriology.
N. = Nature.
I.M.G. = Indian Medical Gazette.
B.J.H.H. = Bulletin of the Johns Hopkins Hospital.
L.G.B. = Report of Medical Officer, Local Government Board
Z.H. = Zeitschrift für Hygiene.
A.H. = Archiv für Hygiene.
C.B. = Centralblatt für Bakteriologie.
H.R. = Hygienische Rundschau.
A.K.G.A. = Arbeiten aus dem Kaiserlichen Gesundheitsamte.
D.M.W. = Deutsche Medicinische Wochenschrift.
M.M.W. = Münchener Medicinische Wochenschrift.
B.K.W. = Berliner klinicische Wochenschrift.
B.I.P. = Bulletin de l'Institut Pasteur.
A.P. = Annales de l'Institut Pasteur.
J.P.P.G. = Journal de Physiologie et de Pathologie Générale.

(1) ENTERIC FEVER.—*Infection by contact.*— [1]Collie in B. M. J. of 1879 and 1880; [2]Thomson in B. M. J. of 1879; [3]Goodall in *Transactions of the Epidemiological Society*, Vol. XIX, reported in B.M. J. of May 19th, 1900, page 1231; [4]Bulstrode in L. G. B. reported in L. of 13th December 1902, page 1654; [5]Musehold reported in H. R., XIII, page 498; [6]Koch in *Die Bekämpfung des Typhus*, Drigalski in C. B. *Originale*, XXXV, page 776, Talayrach in *Archiv. Medec. et Pharm. milit.* No 11, November 1903, reported in B.I.P., Vol. II, page 91, Noetel in Z. H., XLVII, 1904, page 211, etc.; [7]reported in L. of June 3rd, 1905, page 1502; [8]Burke in the *Journal of the Royal Army Medical Corps*, January 1905, page 46; [9]Davies in the same journal May 1905, page 587 and June 1905, page 693; [10]See a case reported by Conradi in D. M. W., Vol. XXX, No. 32, page 1165; [11]Sweeting in L. G. B. reported in B. M. J. of 4th March 1905, page 493; [12]Baginsky reported in H. R., XV, page 21; [13]Newman in the *Practitioner* of January 1904, page 55; [14]Reviewed in B. M. J. of 29th October 1904, page 1176; [15]Bulstrode in L. G. B., reported in L. of January 14th, 1905, page 112.

Infection by water; bacillary diagnosis, etc.—[1]See S. C. I. for 1901 and 1902; [2]Ströszner in C. B. *Originale*, XXXVIII, Heft 1, page 19; [3]Nyman in H. R., XV, page 225; [4]Priefer in Z. H., XLVI, 1904, page 23, reviewed in C. B. *Referate*, XXXV, page 624; [5]Springfeld, Græve and Bruns in *Klin. Jahrb.* 1904, reported in H. R., XV, No. 3, page 124; [6]Stokes in *Journal of the American Medical Association*, Vol. XLIV, 1905, page 595; [7]Swellengrebel in C. B. *Referate*, XXXV, page 713; [8]See B. M. J. of February 11th, 1905, page 312, February 18th, pages 372 and 378, March 4th, page 484, March 11th, page 543, March 18th, page 618, April 15th, page 834, etc.; also L. of February 25th, page 516, March 4th, page 602, March 11th, page 670, etc.; [9]Reported in B. M. J. of 19th November 1904, page 1431; [10]Ruata in C. B. *Originale*, XXXVI, Heft 4; [11]Ruata reported in B. I. P., Vol. II, 1904, page 898; [12]Klotz in *Journal of Medical Research*, VI, page 475, reported in J. P. P. G., XVII, No. 1, page 171; [1]Savage in J. H., Vol. V, No. 2, page 146; [14]Jordan, Russell and Zeit in the *Journal of Infectious Diseases*, Vol. I, page 641, reported in J. P. P. G., XVII, No. 1, page 170; [15]Hoffmann in A. H., Vol. LII, page 208, reported in J. P. P. G., XVII, No. 2, page 391; [16]Savage as above; [17]Houston in L. G. B. for 1902-03, reported in B. M. J. of October 15th, 1904, page 1017, Savage in L. of February 4th, 1905, page 284, Gautié in A. P., XIX, No. 2, page 124; [18]Houston in L. G. B. for 1903-04, page 472, summarized by Power in the same report, page XLVII, [19]McNaught in *Journal of the Royal Army Medical Corps*, July 1905, page 95.

Infection by milk and other foods.—[1]B. M. J. of November 12th, 1904, page 1329, [2]Stokes in the *Journal of the American Medical Association*, Vol. XLIV, 1905, page 595; [3]Bassenge reported in H. R., XV, No. 1, page 21; [4]Sommerfeld in C. B. *Originale*, XXXVII, page 716; [5]Klein in C. B. *Originale*, XXXVIII, Heft 4, page 392; [6]Clauditz in H. R. XIV, page 865, reported in B. I. P., Vol. II, No. 22, page 933; [7]Houston reported in B. M. J. of April 8th, 1905, page 784; [8]Bulstrode reported in B. M. J. of October 8th, 1904, page 930; [9]Klein reported in L. of March 4th, 1905, page 582, and in L. of April 29th, 1905, page 1134; [10]Vivaldi and Rodella in H. R., XV., No. 4, page 174.

The bacilli in blood, etc.—[1]Blumenthal in M. M. W., LI, page 1641, reported in B. I. P., Vol. II, page 961; [2]L. of May 20th, 1905, page 1339; [3]Maldagne in C. B. *Originale*, XXXVIII, Heft 3, page 249; [4] Stokes and Amick in J. H. H. B., XVI, No. 173, August 1905, page 284, [5]Perquis reported in L. of March 4th, 1905, page 585; [6]Rolly in M. M. W., 1904, No. 24, reported in C. B. *Referate*, XXXVI, page 183; [7]Memmi reported in J. P. P. G., XVI, No. 6, page 1146; [8]Herbert reported in C. B. *Referate*, XXXV, page 627; [9]Reischauer in C. B. *Originale*, XXXIX, 16th June 1905, page 116.

Soil, dust, flies, etc.—[1]Clauditz in H.R., XIV, page 865; [2]Almquist in C.B. *Originale* XXXVII, page 18; [3]Heim in Z. H., Vol. L., Heft 1, page 123; [4]Roaf reported in C. B. *Referate*, XXXVI, page 269; [5]L. of April 1st, 1905, page 893; [6]Farrar in L. G. B., reported in L. of July 22nd, 1905, page 244.

Preventive measures.—[1]L. of May 27th, 1905, page 1453; [2]Leishman, "Report on the blood changes following typhoid inoculation," Harrison and Sons, London; [3]D. M. W., XXXI, No. 10, page 388; [4]Smallman in the *Journal of the Royal Army Medical Corps*, Vol. IV, page 424.

(2) SYPHILIS.—Metchnikoff and Roux in A. P., XVII, 1903, page 809, and XVIII, 1904, pages 1 and 657; Lassar in B. K. W., 1903, No. 52, page 1189 and in B. K. W., 1904, page 801; Neisser and Veiel in D. M. W., 1904, page 22; Neisser in D. M. W., 1904, pages 1369 and 1431; Bordet and Gengou quoted by Metchnikoff and Roux as above; Neisser and Baermann in D. M. W., 1905, No. 19, page 748; Schaudinn and Hoffmann in A. K. G. A., XXII, 1905, Heft 2, page 527, and in D. M. W., 1905, No. 18, page 711; Schaudinn, Thesing, Buschke, Hoffmann, Löwenthal, Lassar, Reckzeh, &c., at the *Berliner Medizinische Gesellschaft*, May 1905, reported in D. M. W., 1905, No. 22, page 893 and in C. B. *Referate, XXXVI*, page 749; Giemsa in D. M. W., 1905, No. 26, page 1026; Buschke and Fischer in D. M. W., 1905, No. 20, page 791; Herxheimer and Hübner in D. M. W., 1905, No. 26, page 1023; Levaditi and Salmon in *Semaine médicale*, 1905, No. 21; Arnal and Salmon in A. P., XVIII, 1904, page 465; Levaditi in *C. R. Soc. Biologie*, LVIII, page 845; Solmon in *C. R. Soc. Biologie*, LVIII, page 883; Kiolemenoglu and v. Cube in M. M. W., 1905, page 1275, reported in D. M. W., 1905, No. 29, page 1162; Jacquet and Sevin in *Bull. Soc. méd. des. hôp. de Paris*, 25th May 1905, page 420, quoted in B.I.P., III, page 638; Nobécourt, Levaditi and Darré in *C. R. Soc. Biologie, LVIII*, page 1021; Queyrat and Joltrain, Launois and Loederich, Kraus, Fraenkel, quoted in B. I. P., III, 1905, page 639; Metchnikoff and Roux reported in D. M. W., 1905, No. 30, page 1216.

SECTION III.

NATIVE ARMY OF INDIA.

India: Field Forces, etc.—Appendices A. and B. to Section III, Table XXVI.

30. The average strength of the native troops during 1904, excluding those on duty in China and Somaliland, was 124,055, and their health, as judged by the statistics of sickness and mortality, was good, the rate of admission into hospital, the constantly sick rate and the death-rate being the lowest on record. The statement in the margin enables a comparison to be made at a glance between these rates for the year under review, for the previous year, and for the quinquennial period from 1897—1901, and as regards the death-rate it is worthy of note that it is the lowest on record even if the fatalities among men absent on furlough and sick leave are taken into account. The reduction in the rates is to be ascribed to a diminution in the numbers of admissions and deaths on account of all the chief causes of sickness and mortality, although, as compared with 1903 the admission-rates on account of simple continued fever and scurvy and the death-rates on account of anæmia and debility, hepatic abscess, and respiratory diseases excluding pneumonia, were somewhat increased.

Native Troops.	All causes. Ratios per mille.		
	1897-1901.	1903.	1904.
Admissions . . .	794·4	662·0	603·2
Constantly sick .	30·5	25·3	23·8
Deaths	11 92	10·04	8·46
Invalids	12·66	11·19	12·98

The chief causes of admission into hospital during 1904 were, as usual, intermittent fever, dysentery, "other respiratory diseases," venereal diseases, and pneumonia, in order of their relative prevalence, intermittent fever accounting for 32 per cent. and dysentery for nearly 5 per cent. of the total number of admissions from all causes. The chief causes of death were pneumonia, remittent fever and tubercle of the lungs, these diseases accounting respectively for 27·4 per cent., 8·4 per cent., and 6·0 per cent. of the total number of deaths from all causes. The number of men invalided for discharge from the service during the year was 1,610 as compared with 1,395 in 1903, the chief causes of this source of loss being tubercle of the lungs, debility, rheumatism and venereal disease.

If Table XXVI be compared with Table I it will be seen that the native troops suffered less from small-pox, enteric fever, simple continued fever, diarrhœa, hepatic affections and venereal diseases than the European troops, but that they suffered more from each of the other chief causes of sickness, as also from scurvy. The comparison may be carried into greater detail with the aid of Table LIII.

The average strength of the China Garrison during the year was 1,417. The chief causes of sickness were "other respiratory diseases", ague, and venereal diseases, and the rate of admission into hospital rose from 298 per mille in 1903 to 351 per mille in 1904. The death-rate rose from 12·03 per mille to 12·70 per mille, more than half the total number of deaths being due to tubercle of the lungs. The average annual strength of the native troops composing the Somaliland Field Force was 2,521 as compared with 3,174 in 1903, and the rates of admission into hospital and of mortality fell from 1,129 and 25·83 per mille respectively in 1903 to 930 and 17·06 per mille in 1904. The most prevalent diseases were scurvy, ague, and dysentery, the two former together accounting for 55 per cent. of the total admissions from all causes. The Aden Column Field Force had altogether 1,784 admissions into hospital on an average strength of 660, which gives the very high admission rate of 2,703 per mille. Ague and dysentery caused 79 per cent. of these admissions; and there were 25 deaths, of which 8 were due to pneumonia. Among the troops composing the Sikkim-Tibet Mission Force, of which the average strength was 2,720, there were altogether 2,210 admissions into hospital and 142 deaths during the year, the ratios per mille per annum being respectively 812·5 and 52·27.

Commands and Divisions—Appendix A, Table XXVI.

31. It has been mentioned already in Section II that the new Commands and Divisions into which India is now divided do not in all cases include the same stations as did the old Commands and Districts and for this reason it would be misleading to compare their statistics for 1904 with those for preceding years. It will suffice to say as regards the Commands that in the year 1904 the newly-named Western Command, which corresponds more or less to the old Bombay Command, ranked first in order of unhealthiness and the newly-named Northern Command, which was formerly the Punjab Command next; and as regards the Divisions that the 4th (Quetta) Division ranked first in order of unhealthiness, the 6th (Poona) Division ranking next and the 2nd (Rawalpindi) Division next.

The position of the Western Command at the head of the list was due as regards the chief causes of sickness to the prevalence of intermittent fever, diarrhœa, and scurvy, and as regards the chief causes of death to the mortality from cholera and dysentery. Enteric fever, remittent fever, tubercle of the lungs and pneumonia were more prevalent in the Northern than in any other Command and that Command also held the first place as regards mortality from these diseases as well as from small-pox and diarrhœa.

Geographical groups—Appendices B. and C, Table XXVII.

32. An examination of Table XXVII will show that, as usual, there were considerable differences in the amount of sickness and mortality among native troops located in the different geographical groups, but these differences fluctuate greatly from year to year, and on the whole it is difficult to decide which geographical groups should be considered favourable and which unfavourable to the health of native troops. It may be said however that if the figures for the last ten years be considered, Assam (III) has appeared six times among the three groups from which the highest admission rates were recorded, the North-West Frontier (VII), Bengal-Orissa (IV) and Burma Inland (II) each five times among these groups, and the Hills (XII) and Central India (VIII) each three times. At the other end of the scale are the Gangetic Plain (V) which has appeared eight times within the last ten years among the three groups from which the lowest admission rates for the year were returned, and the Deccan (IX), the Upper Sub-Himalaya (VI), Southern India (XI) and Burma Coast (I) each five times. As regards mortality, the Hills (XII) has appeared eight times among the three groups from which the highest death-rates were returned during the last ten years, the North-West Frontier (VII) seven times and Assam (III) five times. Among the three groups from which the lowest death-rates were returned Burma Coast (I) has appeared seven times within the last ten years, the Gangetic Plain (V) five times, and Bengal-Orissa (IV) and the Deccan (IX) each four times. As regards sickness the different positions of the groups upon the list are due almost entirely to differences in the prevalence of intermittent fever, and as

regards mortality they are due chiefly to differences in the prevalence and fatality of pneumonia and other respiratory diseases. It must be added that in a few instances the position of a group at the head of the mortality list may be due to the average strength being low, so that a few deaths give a high ratio, as for example, is the case with regard to the position of the Assam group (III) during 1904, the total number of deaths from all causes in this group during the year having been only 12. The frequent appearance of the Hill Stations group (XII) among those from which the highest death-rates are returned is worthy of note and it is interesting to consider the statistics of sickness and mortality among native troops located in this group in more detail. The group is made up of stations above 3,000 feet in height in various parts of the Empire, and, for the purposes of an analysis of the returns of sickness and mortality, a convenient distinction may be made between stations which are above 3,000 but below 5,000 feet in height and those which are above the latter height. By means of the accompanying table the sickness and mortality in these two sub-groups may be compared and it will be evident how much greater is the amount of sickness and mortality in the first than in the second group in regard to all the causes tabulated. This is in accordance with the general experience that comparatively low hill regions near the foot of mountain ranges are unhealthy, and if we carry the comparison further, as may be done with the aid of Appendix C, we shall see that in every year given in that table the admission and death-rates among native troops in hill stations between 3,000 and 5,000 feet in height were higher as regards each disease tabulated‡ and very much higher as regards "all causes" than among troops located either in the plains or in stations above 5,000 feet in height. The table also shows that native troops located in hill stations above 5,000 feet in height are, as a general rule, healthier than those located in the plains. The names of the stations upon which these tables are based are given in a foot-note below and it will be seen that the great majority of those which are below 5,000 feet in height and are for this reason very unhealthy are situated on the North-Western and Western Frontiers.

Sickness and mortality of native troops in Hill Stations which are between 3,000 and 5,000 feet in height as compared with their sickness and mortality in Hill Stations which are between 5,000 and 8,000 feet in height—mean ratios for 1902—1904.

		Intermittent fever.	Remittent fever.	Tubercle of lungs.	Pneumonia.	Other respiratory diseases.	Dysentery and Diarrhœa.	Scurvy.	Anæmia and debility.	All causes.
Hill Stations below 5,000 feet in height.*	A	385·8	14·6	16·1	23·5	31·6	62·1	6·2	21·5	909·1
	D	*·80*	*1·12*	*1·98*	*6·04*	*·35*	*·48*	*·35*	*·29*	*15·95*
Hill Stations above 5,000 feet in height.†	A	169·6	12·0	5·4	13·4	20·0	44·4	3·1	12·0	595·0
	D	*·63*	*·80*	*1·59*	*1·73*	*·30*	*·43*	*·03*	*·10*	*8·69*

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* Malakand, Dargai, Chakdara, Abbottabad, Cherat, Hangu, Miran Shah, Sarwekai, Wana, Mir Ali Khel, Fort Sandeman, Musa Khel, Khan Mohamed Kot, Loralai, Gumbaz, Mount Abu, Mercara, Maymyo, Kalanaga, Kohima, Shillong, Bakloh, Chitral, Kila Drosh.

Gantak, Almora, Naini Tal, Lansdowne, Ranikhet, Simla, Jutogh, Dharmsala, Murree, Khyragully, Baragully, Kalabagh, Fort Lockhart, Hindubagh, Murgha, Quetta, Peshin, Shelabagh, Spinwana, Chaman, Ootacamund.

Except in one instance in the year 1900 only, when the admission and death-rates of pneumonia among troops in stations over 5,000 feet in height were higher than among troops in the other groups.

Stations—Tables XXVIII to XXX. Regiments.

33. In 1904 there were 40 stations with an average strength of over 1,000, but in only three of these, *viz.*, Bellary, Dera Ismai Khan and Bombay was the sickness and mortality heavy. In Bellary the death-rate was 23·51 per mille, more than half the total number of deaths being due to plague ; in Dera Ismail Khan the death-rate was 19·66 per mille and in Bombay it was 19·94 the majority of deaths in both stations being due to pneumonia. Among the regiments with the most unhealthy record during the year and to which reference will be made in some of the paragraphs which follow, were the 27th Cavalry at Bellary, ague and plague being the chief causes of sickness ; the 55th Coke's Rifles at Dera Ismail Khan and Waziristan, ague, bronchitis and dysentery being the most frequent diseases ; the 29th Punjabis at Dera Ismail Khan and Waziristan, ague and pneumonia being the most frequent diseases ; and the 5th Cavalry at Wana and its outposts, ague, and dysentery being the chief diseases.

Influenza—Appendices B. and G., Tables XXVI to XXIX and XXXI.

34. The admission rate on account of influenza fell from 3·6 per mille in 1903 to 1·8 per mille in 1904 and the death-rate from ·10 to ·02. This diminished prevalence was coincident with a lesser prevalence of all other respiratory diseases in the native army as a whole. During the three years from 1901 to 1903 the month of maximum prevalence of influenza was February, but during 1904 it was May. The largest numbers of admissions were recorded among the troops at Fort William, Bangalore, Alipore and Quetta, the Eastern and Northern Commands being chiefly affected.

Cholera—Appendices A. and B., Tables XXVI to XXIX and XXXII.

35. There were only 27 cases of cholera in 1904 with 22 deaths as compared with 135 cases with 80 deaths in 1903. The largest number of cases at any station during the year was ten at Sirur, the disease appearing among the men of the 29th Lancers at this station in two small outbreaks, one in August and the other in September. In each outbreak five cases occurred but no connection between the cases could be traced and all appeared among men in different troops and squadrons. It was thought that the disease was imported from Pandharpur where it was prevalent at the time. At the beginning of the first outbreak the water-supply was changed, the houses in the lines were cleaned and whitewashed and the affected squadrons were moved into camp. The second outbreak occurred after their return to the station and similar measures were adopted with success. At Lansdowne there were four cases with three deaths in the 1-39th Garhwal Rifles and three cases, all fatal, in the 2-3rd Gurkha Rifles. The medical officer of the first of these regiments noted that cholera was prevalent in outlying villages at the time of the outbreak, and that in all probability one or other of these villages was the source from which infection had been derived.

As a supplement to the tabular statement which was given in last year's report in connection with cholera it may be stated that the admission and death-rates from this disease among troops in the Bengal Presidency were, for the year 1904, ·14 per mille and ·13 per mille respectively.

Small-pox—Appendices A. and B., Tables XXVI to XXIX.

36. There were 56 admissions into hospital and three deaths from small-pox during the year, the rates per mille of strength being ·5 and ·02 respectively which are the same as the rates for the decennial period 1891—1900. In 1903 there were 78 admissions and two deaths. The largest

number of admissions in any station was ten at Delhi, all among the 28th Punjabis; there were nine at Bombay, eight at Kohat and six at Poona. The cases among the 28th Punjabis at Delhi occurred during January and February, and in addition to those among the troops there were six cases among the regimental followers. Only two patients (both followers) died. The usual measures of isolation both as regards patients and contacts were taken and during February all the men and followers who had not previously suffered from small-pox were revaccinated. No details regarding the cases which occurred at Bombay, Kohat and Poona are given by the medical officers concerned. It is worthy of note that during 1904 as during 1903, small-pox was less prevalent and much less fatal among native than among European troops.

Ague, remittent fever, simple continued fever—Appendices A, B and C., Tables XXVI to XXIX and XXXIV to XXXVI.

37. Intermittent fever accounted for over 32 per cent. of the total number of admissions from all causes in 1904, but the admission rate, which was 358 per mille in 1901, 274 per mille in 1902 and 247 per mille in 1903, fell still further to 194 per mille, which is 155 per mille less than the mean for the decade, 1891—1900. The admission rates recorded in all but one of the twelve geographical groups were lower than in 1903, the one exception being the Gangetic Plain group (V). Of the Commands the highest admission rates during 1904 were recorded amongst troops in the Western Command, the next place being taken by the Northern Command, but it is noteworthy that the position of the Western Command at the head of the list was due entirely to the prevalence of the disease among troops at Aden : if the statistics of troops at this station be excluded, the Northern Command takes first place. October was, as usual, the month of greatest prevalence of the disease in India as a whole; and fewest admissions were recorded in March. Among the stations at which the average strength was over 100 those from which the highest admission rates were returned were Mir Ali Khel (1,738 per mille), Ahmedabad (1,148 per mille), Aden (876 per mille), Barrackpore (687 per mille), Kohima (596 per mille), Neemuch (534 per mille) and Thal (507 per mille), The admission rate of the troops composing the Aden Column Field Force was over 1,823 per mille, 1,203 admissions having been recorded on an average strength of 660 men. The subject of malaria has already been discussed in some detail in Section II, but it will not be out of place to add a few remarks concerning the unhealthy stations just mentioned. Mir Ali Khel is an outpost near Fort Sandeman and was occupied during the year by detachments furnished by the 117th Mahrattas, the 32nd Lancers, the 37th Lancers, the 104th, Wellesley's Rifles and the 124th Baluchis. No information regarding the conditions of life at this outpost can be gleaned from the reports furnished by the medical officers of these regiments, but it appears that at Fort Sandeman *anopheles* mosquitoes were present in abundance, the species which were identified being *A. culicifacies*, *A. listoni*, *A. immaculatus* and *A. rossi*. The usual measures for the destruction of mosquito larvæ were carried out in this station, but, as the medical officer remarks, many of the infections are probably contracted while the men are on outpost duty. The 117th Mahrattas, among whom malaria was most prevalent, arrived from Bombay only in April and they had not been in the district long enough to become accustomed to the climate. The regiments at Ahmedabad were the 109th Infantry and the depot of the 110th Mahrattas. Malarial fevers were most prevalent from September to the end of the

year, but the medical officer failed to find *anopheles* mosquitoes or their larvæ in or near the lines. About 35 to 40 per cent. of the native children living near the lines had enlarged spleens. It is said that a prophylactic dose of ten grains of quinine was administered to the men three times weekly under the supervision of a hospital assistant and that the result was satisfactory, but in view of the high admission rate it is doubtful whether the system of supervision was sufficiently thorough. Some remarks regarding Aden, Barrackpore and Neemuch have already been made in the section relating to European troops. As regards native troops the first of these stations was occupied during the year by detachments from the 94th Infantry, the 101st and 102nd Grenadiers, and the 123rd Rifles, and the medical officers of all these regiments were of opinion that malarial infections were contracted not in Aden itself but in the Hinterland. Barrackpore was occupied by the 8th Rajputs and the depot of the 11th Rajputs and Neemuch by the 34th Poona Horse and the depot of the 114th Infantry, but nothing need be added to the remarks already made upon these stations in Section II. Thal is a small outpost in the Kohat district and was occupied during the year by detachments from the 25th Cavalry and the 15th Sikhs. Malarial fevers were most prevalent during July, October and November. It is said that rice fields exist within half a mile of the fort and that they form excellent breeding grounds for *anopheles* mosquitoes. Kohima was occupied by a detachment from the 7th Gurkha Rifles at Manipur. Although about 4,500 feet above sea-level, it is said that *anopheles* mosquitoes are present abundantly, and that during some years malarial fever exists in epidemic form.

Remittent malarial fever was also considerably less prevalent and fatal during 1904, the admission and death-rates being 7·2 and ·71 per mille respectively, as compared with admission and death-rates of 8·6 and ·88 per mille respectively in 1903. The disease accounted for about 8 per cent. of the total number of deaths from all causes during 1904 as compared with about 9 per cent. in 1903 and about 10 per cent. in 1902. It was most prevalent in June, but, as usual, cases were admitted in all months and the seasonal prevalence of the disease is not by any means so well marked as is that of intermittent fever, nor does it always happen that a decline in the prevalence of intermittent fever is accompanied by a decline in that of remittent fever, though during recent years this has been so. The incidence of the disease during 1904 was as usual heaviest in the Northern (Punjab) Command and in groups III, VII and XII. Some remarks concerning the diagnosis of this disease and its relative incidence upon European and native troops will be found in Section II.

The admission rate on account of simple continued fever varies considerably from year to year, and in 1904 it rose to 6·7 per mille as compared with 3·5 per mille in 1903. There are reasons for thinking that this rise, which represents in actual number of cases a rise from 441 in 1903 to 829 in 1904, is due to more careful diagnosis on the part of medical officers. The practice of diagnosing as intermittent or remittent malarial fever only those cases of fever in which either malarial parasites are found in the blood or in which the clinical signs leave no outlet for another diagnosis, is gradually increasing, and we may expect that one result of this will be a rise in the admission rates under such headings as simple continued fever, enteric fever and perhaps Malta fever. (See also Section II.)

38. Among the whole native army of India 70 cases of enteric fever with 16 deaths were recorded during 1904 as compared with 80 cases with 27 deaths during 1903, 50 cases with

Enteric fever (1)—Appendices A, B and D., Tables XXVI—XXIX and XXXIII.

12 deaths during 1902, and 26 cases with 15 deaths during 1901. The admission ratio per mille for 1904 was, however, the same as for 1903 (·6), but the death ratio was lower, being ·13 as compared with ·22. The chief feature brought out by the returns is, as usual, the very slight prevalence of the disease among native troops, and this is more apparent when we consider that the total of 70 admissions during 1904 includes cases from more than 33 stations and more than 46 regiments. In 30 regiments only one case was recorded as having occurred during the year and in 11 other regiments only two cases were recorded. In former years the returns have indicated that the disease is more prevalent among Gurkha sepoys than among other classes, and during the year under review this is still evident (though not to so great a degree) for of 70 cases reported 16 were distributed among Gurkhas (1·3 per mille), while 54 were among sepoys of other classes (·48 per mille) and it may be said that, according to the returns, the disease was considerably more prevalent than in the previous year among other classes of sepoys, while it was considerably less prevalent among Gurkhas. These facts as well as the considerable differences to be noted in the yearly case-mortality of the disease among native troops—in 1904 it was 23 per cent., in 1903 it was 34 per cent., and in 1901 it was 58 per cent.—indicate in all probability that the problem of diagnosis is a considerable factor in bringing about changes in the apparent prevalence of this disease in different years. There is a tendency on the part of medical officers in charge of native troops as well as among those in charge of native prisoners to attempt to diagnose intractable cases of fever under some more definite heading than "remittent fever" just as there is a tendency to exclude from the category of "ague" ephemeral cases in which fever is but a result of digestive disturbance or of the effects of exposure to the sun, and it is to be expected that this tendency will be reflected in the returns in higher rates on account of enteric fever and simple continued fever at the expense of remittent fever and ague.

In the majority of cases of enteric fever reported during 1904 the diagnosis was based upon clinical signs and symptoms, but in 20 cases Widal's test was also applied, a "positive" result was recorded in 14, but in only three instances was the dilution stated in two it was 1 : 40 and in the third 1 : 100. A *post mortem* examination was not carried out in the case of any patient who died. In regard to etiology little or nothing is said by the medical officers concerned, and as in the majority of instances only one case occurred in a regiment during the year, the diagnosis in this case being made only after the patient had been in hospital some time, it is not surprising that the source of infection could not be traced. Two of the patients in the 26th Punjabis at Dera Ismail Khan were thought to have contracted their infection directly or indirectly from one or other of two former patients near whom they were accustomed to live in barracks, and in one or two instances polluted water was suspected as the cause, but, beyond these, no remarks worthy of note are made by medical officers of regiments.

No observation of importance regarding the occurrence of enteric fever among natives of India has been made since last report was written, but a list of recent papers which bear more or less upon the subject is given, as usual, at the end of the section.

Malta fever (2)—Table LIII.

39. Five cases of Malta fever were recorded during the year as compared with eight in 1903 and four in 1902. Three of the cases occurred in the 58th Infantry regiment at Rawalpindi, one in the 17th Infantry regiment at Agra, and one in the

1-5th Gurkha Rifles at Kila Drosh. The medical officers of these regiments do not offer any remarks in the reports of the medical transactions of the year as to the method by which the diagnosis was made, but it appears from enquiries that in the cases at Rawalpindi the diagnosis were confirmed by the results of serum tests and in view of recent work upon the subject of Malta fever in India it is probable that at least in some of the cases, the diagnosis was correct and that in the near future we may see a considerable increase in the number of cases returned under this heading. The subject is considered in some detail in Section IX and the references to the literature referred to therein will be found at the end of the present section.

Plague (3)—Cerebro spinal fever, Table LIII.

40. Despite the great increase in the distribution and prevalence of plague among the civil population in India there has not been a corresponding increase among the native troops. In 1904 there were 187 cases with 111 deaths as compared with 184 cases with 115 deaths in 1903. Out of the total of 171 stations occupied by native troops during 1904, more than 100 were situated in districts where plague was prevalent among the general population, but cases occurred among the troops in only 27 of these stations. The largest number of cases at any station was 34 at Bellary, 28 of the cases occurring in the 27th Cavalry and 6 in the 74th Punjabis. All the cases in the latter regiment were fatal and 16 of those in the former. Other stations where the disease was prevalent among native troops were, Belgam, in which 19 cases were distributed among men in the 82nd Punjabis, the 61st Pioneers and the 81st Pioneers; Ambala, in which 14 cases were distributed among men in the 19th Lancers, the 34th Pioneers and No. 2 Mountain Battery, Royal Garrison Artillery; Bangalore, in which 11 cases were distributed among men in the 28th Cavalry, the 64th Pioneers and the 77th Moplah Rifles; and Allahabad, in which 10 cases occurred among the men of the 4th Cavalry. Altogether a case or cases were reported from 27 stations and 44 regiments. As regards the source of infection it was considered by the great majority of medical officers that the disease had been brought either by the agency of human beings or of rats from a native city or bazaar in the neighbourhood. These places were usually out of bounds for the troops, but it was not possible to avoid all communication especially as regards followers, tradesmen, and supplies, and it may be noted in this connection that it was frequently the case that the disease first attacked the followers and then spread to the troops. In several instances, notably at Ferozepore, Ambala and Poona the finding of dead rats was the first indication of the entry of the disease into the lines, and in nearly all instances dead rats were found at some time or other during the course of the epidemic. A full account of the origin and course of the epidemic among the native troops and followers at Ferozepore has been published by Lieutenant Scott, I.M.S.[1] An interesting point mentioned by the medical officer of the 122nd Rajputana Infantry at Mhow was that two of the four men who were attacked contracted the disease while working as ward orderlies in the cantonment plague hospital. In order to prevent regiments from being attacked by the disease, bazaars and native towns where it was prevalent were placed out of bounds for the troops and followers, men who had just returned from leave were segregated for a period of ten days before being allowed to enter the lines, a sharp look out for dead rats was kept, and inoculation with plague prophylactic was largely practised. For the suppression of the disease when it had appeared, evacuation of the lines, isolation

of the sick, and segregation of all persons who might have come into contact with them, were immediately carried out, and these measures were followed by unroofing of infected blocks and thorough disinfection of all houses in the lines. That these measures were eminently successful is evident when we consider that despite the disease having appeared in no less than 44 regiments it was effectually stamped out with the loss of so few lives.

The notable decrease which has occurred during recent years in the prevalence of cerebro spinal fever among prisoners in Indian jails has been coincident with its decreased prevalence among native troops. In 1904 there were six cases and four deaths, the figures being the same as in 1903, but in 1902 there were 18 cases and 17 deaths and in 1901, 28 cases and 21 deaths. During 1904 no more than one case was recorded in any station, the names of the stations from which a case was reported being Sarwekai, Dera Ghazi Khan, Delhi, Belgaum, Mhow and Quetta. Of these only Delhi and Mhow appeared in last year's list. The only reference by medical officers to the diagnosis of cerebro spinal fever is contained in the report upon the case which occurred in the 22nd Punjabis at Dera Ghazi Khan. The illness in this instance began with fever, headache and persistent pain and stiffness in the back of the neck. Effusion of fluid into the right knee joint subsequently developed and some of the fluid was removed and sent to the Pasteur Institute at Kasauli where it was examined and found to contain the diplococcus of Weichselbaum in pure culture. The patient died after an illness of a month's duration, but no *post mortem* examination was made.

Scurvy (4)—Tables XXVI to XXIX.

41. The total number of admissions into hospital on account of scurvy during 1904 was 501, which gives a ratio of 4·0 per mille as compared with ratios of 2·4 per mille in 1903 and 1902 and 3·2 per mille in 1901. In these figures the statistics of troops serving in the Somaliland Expeditionary Force are not included, but they include those of the troops serving in the Aden Column Field Force and to this reason is due in part the higher rate during 1904, for 94 admissions occurred during the year among these troops as compared with only one during 1903. In great part also the higher rate is attributable to patients having returned from Somaliland to India during the year. Among the troops of the Somaliland Force scurvy was extremely prevalent, accounting for no less than 899 admissions and 14 deaths during the year, the ratios per mille of average strength being 356·6 and 5·55 respectively. Of every 100 admissions from all causes among the troops of this force 38, and of every 100 deaths 33, were due to this disease. Referring to the records of troops stationed in India it may be noted that nearly 50 per cent. of the admissions were recorded among troops in the Western Command and 26 per cent. among those in the Northern: and, as regards the geographical groups, over 21 per cent. of the admissions occurred among troops in the Central India group (VIII) and between 16 and 17 per cent. among troops in the Hills (XII). As might be expected, the largest numbers of cases occurred in regiments which had been on service in Somaliland, *viz.*, the 101st Grenadiers in which 83 cases occurred, the 27th Punjabis in which 57 cases occurred, and the 52nd Sikhs in which 28 cases occurred. The medical officers of these regiments offer little comment on the disease. The 101st Grenadiers had been three years in Aden before proceeding to Somaliland, and this may have had something to do with the prevalence of scurvy among the men, for fresh vegetables were scarce at that place and the disease was not uncommon. The medical officer noted that the lime-juice issued by the Supply and Transport Corps was useless in treatment, but that fresh lime-juice was very beneficial, which may be regararded as affording some support to the view of

Captain Barnado, I.M.S.[1], that lime-juice which has been kept for some time in barrels is of no value owing to its decomposition into carbonates and free citric acid. It appears that, in the opinion of most medical officers, fresh lime-juice, if supplemented wherever possible by fresh milk, fresh meat and fruit gives the best results in treatment.

Tubercle of the lungs- Appendices A, C and E, Tables XXVI to XXIX.

42. During the last ten years or more there has been a steady yearly rise in the admission rate on account of tubercle of the lungs among native troops, and it is therefore the more satisfactory to note the exceptionally low rates both of admission and of death which were recorded for the year 1904. These rates were, respectively, 3·9, the admission rate and ·51, the death-rate as compared with 5·9 and ·68 in 1903 and 4·3 and ·80 in 1902. The decrease was especially marked in the statistics of the Hill stations group (XII), the admission rate of the disease in this group falling from 16·1 per mille in 1903 to 6·1 per mille in 1904, and, for this reason this group did not, as so often happens, take the first place among those from which the highest admission rates for tubercle are recorded. This position was taken by the Assam group (III) with an admission rate of 7·5 per mille, the Indus Valley group (VII) coming next with an admission rate of 6·2 per mille. The decline in the rates recorded in the Hills was due in great measure to the very considerable diminution in prevalence and fatality of the disease among Gurkhas, the admission and death-rates for this class of troops falling from 28·9 and 2·88 per mille respectively in 1903 to 10·6 and 2·66 per mille in 1904. The latter figure is the lowest for many years and the former the lowest since 1897. As regards the prevalence of the disease in Commands during 1904 the Northern (Punjab) Command as usual stands first, with an admission ratio (6·4 per mille) which is nearly twice as high as that for India as a whole. It is interesting to compare the incidence of tubercle of the lungs upon native troops stationed respectively in the plains and in the hills and this may be done as regards the years 1900-1904 with the aid of Appendix C. It will be seen in the first place how much heavier is the prevalence and mortality in the hills than in the plains and in the second how much heavier these are in Hill stations which are between 3,000 and 5,000 feet in height than in those above 5,000 feet in height. The heavier incidence on the Hill stations is due, probably, to the great liability of Gurkhas to the disease, this liability being evident during the year 1904 in the admission and death-rates of 10·6 per mille and 2·66 per mille respectively for this class of troops as compared with the rates of 3·2 per mille and ·28 per mille for the rest of the native army of India, the case incidence being three times and the mortality nearly ten times greater. These ratios are derived from a total number of 489 cases with 63 deaths among the whole native army in India of which 128 cases and 32 deaths were reported from Gurkha regiments. From the table in the margin it will be evident that during 1904 the incidence of tubercle of the lungs upon Gurkhas was considerably higher in Hill stations which are between 3,000 and 5,000 feet in height than in either the Hill stations which are above the latter height or than in the plains. The average strength of native troops of other classes than Gurkhas, located during 1904 in the Gurkha Hill stations was 3,440, and the admission and death-rates from tubercle of the lungs among these men were respectively

Tubercle of the lungs among Gurkhas in 1904.

	Strength.	Admission ratio per mille.	Death ratio per mille
Plains Stations .	2,325	12 0	3 01
Hill stations above 5,000 feet in height . .	3,681	8·5	2·17
Hill stations below 5,000 feet in height . .	4,160	14·2	3·85

only 1·2 and ·58 per mille. The highest numbers of admissions during the year were as usual recorded among Gurkha regiments, *viz.*, the 2-4th Gurkhas at Madhopur, Bakloh and Hoshiarpur, the 1-5th Gurkhas at Drosh and Abbottabad, the 2-5th Gurkhas at Abbottabad and the 1-1st Gurkha Rifles at Dharmsala and Kila Drosh. Although the highest number of admissions during 1904 was recorded in the 2-4th Gurkhas, the decreased prevalence of the disease in this regiment as compared with the previous year was very marked and this was attributed to the fact that during the greater part of the year the men were in camp and not in barracks. Indeed it is evident from the reports of the medical officers of all these Gurkha regiments that the unfortunate prevalence of tubercle of the lungs among the men is intimately connected with the conditions under which they live in barracks, and although attempts were made in some stations during the year to improve the ventilation and to carry out other sanitary improvements in barracks much still remains to be done. The medical officer of the 2-4th Gurkhas considers that as regards the barracks at Bakloh the ventilation is bad and the cubic space per head insufficient; also that the floor should be of cement and not of mud as at present. This recommendation would apply equally well to the barracks in several other stations, for it is probable that on account of the habit of spitting which is so common among Gurkha sepoys, the mud floors of most barracks must be more or less heavily polluted with tubercle bacilli. In the barracks at Abbottabad the shape of the windows was altered to allow of better ventilation and in those at Dharmsala the good plan was adopted of removing the windows altogether and substituting wire netting in their place.

There were only three cases returned as non-tubercular phthisis during the year as compared with six in 1903 and 23 in 1902.

Pneumonia and other respiratory diseases.—Appendices A, B, C, H, Tables XXVI to XXIX and XXXVII.

43. Coincident with a diminution in the prevalence of influenza and other respiratory diseases among native troops during 1904 there was a considerable diminution in the prevalence and fatality of pneumonia, the admission and death-rates falling from 14·4 and 3·06 per mille respectively in 1903 to 11·7 and 2·32 per mille in 1904. But despite its diminished prevalence the disease was, as usual, the chief cause of death among native troops in 1904, accounting for over 27 per cent. of the total number of deaths. From table XXVII it will be seen that, as invariably happens, pneumonia was most prevalent among troops located in groups VII (North-West Frontier and Indus Valley) and XII (Hill stations). The incidence was heavy also upon groups VIII (Central India) and III (Assam), and in these four groups as well as for India as a whole the disease was most prevalent during the cold months, especially January, February, March, November and December. From Appendix C it will be seen that while pneumonia is always more prevalent and causes more mortality among troops located in the Hill stations considered as a whole than among those located in the Plains this is due in chief measure to its prevalence and fatality in the Hill stations which are below 5,000 feet in height. The highest admission rates are almost invariably returned from the less elevated Hill stations on the North-West and Western Frontier and during 1904 rates of over 40 per mille of strength were recorded in Dargai and Chaman neither of which is above 5,500 feet in height. As regards regiments the largest numbers of cases occurred during the year in the 20th Punjabis at Mian Mir, the 29th Punjabis at Waziristan, the 59th Rifles at Kohat and Edwardesabad and the 127th Baluchis at Chaman.

Other respiratory diseases were most prevalent during the year in the Burma Division and in the Assam, Bengal-Orissa and Burma coast groups, the last of which was the group from which the lowest admission rate on account of pneumonia was returned. For the whole native army of India the admission and death-rates on account of other respiratory diseases were about the same as in 1903, *viz.*, 21·1 and ·25 per mille, respectively, as compared with 22·2 and ·21 per mille in that year and the admission rate in 1904 and the death-rate in 1903 were the lowest on record. Omitting stations at which the average annual strength was less than 100, the highest admission rates (over 60 per mille) were recorded at Kurrachee, Alipore, Kirkee and Keng Tung: of these the last was the only one from which a death-rate of over 5 per mille was reported. Among regiments the highest numbers of admissions during the year occurred in the 3rd Sappers and Miners at Kirkee, the 2nd Rajputs at Alipore, the 55th Coke's Rifles at Dera Ismail Khan, and the 129th Baluchis at Kurrachee.

Dysentery and Diarrhœa—Appendices A, B, C, Tables XXV to XXIX and XXXVIII.

44. The steady yearly decrease in the admission and death-rates on account of dysentery among native troops continues and for 1904 the figures, *viz.*, 31·5 per mille, the admission rate, and ·27 per mille, the death-rate, were the lowest on record. The decrease in the admission rate was due to fewer admissions being recorded in all the geographical groups except Bengal-Orissa and the Indus Valley, and, of the seven larger stations from which admission ratios of over 100 per mille were returned, two were in the latter group and one in the former. The stations at which the disease was most prevalent during the year were Aden, Sibi, Barrackpore and Mir Ali Khel and the highest death-rates on account of the disease were recorded in Mir Ali Khel, Aden, Mercara and Sirur. Among regiments dysentery was most prevalent in the 123rd Outram's Rifles at Aden and in the 76th Punjabis at Secunderabad. The former regiment was on service in the Aden Hinterland during the greater part of the year and suffered severely from malaria as well as from dysentery, but none of the 112 men admitted for the latter disease died and the general health of the regiment improved greatly soon after its return to India. The 76th Punjabis were at Secunderabad throughout the year. Dysentery prevailed among them chiefly during July and August, 55 out of the total of 73 cases occurring in these months. The disease principally attacked the Jat companies, but beyond expressing the opinion that it was due in some cases to "errors in diet" the medical officer does not suggest any reasons for its prevalence.

A short summary of some important researches regarding amœbic dysentery and a list of references to literature will be found in Section IV (Jails of India).

Diarrhoea also was less prevalent and fatal during 1904 than in the previous year, the admission and death-rates being 6·7 and ·05 per mille respectively as compared with 7·2 and ·10 per mille in that year. The returns call for no comment save to remark that the disease was most prevalent in the Bengal-Orissa and Western Coast groups and that the total number of deaths from this cause among the whole native army was only six, of which one occurred at each of the following stations :—Aden, Roorkee, Edwardesabad, Drazand and Mercara. The remaining death occurred on the line of march in the Northern Command.

The greater prevalence of dysentery and diarrhoea in Hill stations below 5,000 feet in height than in those above this height and than in stations in the plains is worthy of note (Appendix C).

Venereal diseases—Appendices B and F, Tables XXVI to XXIX.

45. As judged by the statistics of the year, venereal diseases were nearly ten times more prevalent among the European troops than among the troops of the native army, the admission rate per mille of strength being only 20·6 among the latter as compared with an admission rate of 198·5 per mille among the former. When the total figures are referred to (Tables IV and XXIX) it is seen that while among European troops an annual average strength of 71,083 gave 14,113 admissions from venereal diseases, in the case of native troops an annual average strength of 124,055 gave only 2,551 admissions. The admission rate of the native troops of the whole Indian Command in 1904 was 3·9 per 1,000 less than in 1903, but the factors which have already been mentioned in the section upon the European army of India doubtless affected the returns to some extent, though perhaps not to so great a degree as in the case of the statistics of European troops. The prevalence of these diseases among native troops varies little from year to year and the highest and lowest ratios during the last 28 years have been 42·5 per mille (in 1900) and 20·6 per mille (in 1904), respectively. Ratios below 30 per 1,000 were also recorded in 1877, 1884, 1886, 1887 and 1903. During the same period the highest and lowest ratios among European troops have been 522·3 per 1,000 (in 1895) and 198·5 per 1,000 (in 1904), and, in addition to that of the year under review, ratios below 250 per 1,000 were recorded in 1877, 1879, 1880 and 1903. As usual venereal diseases were least prevalent among native troops located in the Punjab (Northern) Command and this is usually the case also as regards European troops. The Gurkhas invariably suffer more than other classes of native troops, and during the year under review this liability was evidenced by the fact that the admission rate among Gurkhas was 34·7 per mille while among the remainder of the troops in the Punjab (Northern) Command it was only 4·8 per mille and among the whole of the native army, excluding Gurkhas, it was 19·0 per mille. For the native army outside the Northern Command, excluding Gurkhas, the rate of admission was 25·2 per 1,000, which shows how much less prevalent are venereal diseases among troops in this Command than elsewhere. Excluding stations at which the average strength was less than 100, the highest admission rates on account of venereal diseases among native troops in the Northern Command were recorded at Simla, Jutogh and Bakloh; the highest among troops in the Western Command at Bombay, Hyderabad and Satara; the highest among troops in the Eastern Command at Cuttack, Manipur and Kohima; the highest among troops in the Secunderabad Division at Vizianagram and St. Thomas' Mount, and the highest among troops in the Burma Division at Fort Stedman and Maymyo. Among all the native troops in India the admission rate for syphilis was 8·8 per mille, for soft chancre it was 4·5 per mille and for gonorrhœa it was 7·3 per mille during 1904 as compared, respectively, with the figures 11·5 per mille, 4·5 per mille and 8·6 per mille during 1903.

Beri-beri—Table LIII.

46. There were in all 49 patients admitted for beri-beri during 1904 of whom five died, but 29 of the cases occurred in one regiment (the 73rd Carnatic Infantry) at Singapore so that it may be presumed that only 20 cases were contracted in India or Burma. The total figures are considerably less than in 1903, when 122 cases with 8 deaths were recorded, but in that year also the prevalence of the disease at Singapore was the chief factor which contributed to the total, for 97 of the 122 cases occurred in regiments stationed there. During 1904 no less than 46 cases

out of the total of 49 were recorded in three regiments, *viz.*, the 73rd Carnatic Infantry at Singapore, 29 cases, the 63rd Palamcottah Light Infantry at Vizianagram, 11 cases, and the 81st Pioneers at Secunderabad, 6 cases. These regiments and stations are the same as those from which the great majority of cases were returned last year, and during the two years the disease has accounted for 76 admissions in the 73rd Carnatic Infantry, for 61 in the 63rd Palamcottah Light Infantry and for 22 in the 81st Pioneers. The medical officer of the regiment at Singapore says that beri-beri is endemic in the Malay Peninsula and prevalent among the native population in Singapore, but his report contains no remark tending to throw light on the etiology of the disease, and this applies also to the reports of the medical officers at Vizianagram and Secunderabad. The majority of the cases at Vizianagram were said to be mild in character and the medical officer notes that on account of the difficulty of distinguishing between the symptoms of early cases of the disease and the symptoms which are often feigned by "malingerers" the number of cases returned as beri-beri is possibly greater than it should be. At Secunderabad the patients were isolated, the quarters they had occupied were disinfected and afterwards whitewashed, and the floors were dug up and relaid with fresh earth.

Guinea-worm—Tables XXIX and LIII.

47. There was a slight increase in 1904 in the number of patients admitted for guinea-worm, the total being 730 against 710 in the previous year. As usual, the great majority of cases occurred in group VIII (Central India), groups IX (Deccan), VII (Indus Valley) and VI (Upper Sub-Himalaya) coming next in order of prevalence of the disease. Over ten per cent. of the total number of cases occurred as usual at Kherwara, where the Mewar Bhil Corps is stationed, the number of cases in this regiment during the year amounting to 86 or a ratio of 208 per mille of strength. The medical officer considers that in all probability the Bhil sepoys contract the disease while on leave in their native villages and not while at head-quarters. Elsewhere cases were most numerous at Secunderabad and Dinapore.

Suicide—Table LIII.

48. During the ten years 1894—1903 there were altogether 162 cases of suicide; an average of nearly 16 per annum. There were only 12 in 1904 of which nine were by gunshot, two by hanging and one by cut throat.

Papers and Books referred to in Section III.

For explanation of abbreviations see end of Section II.

(1) *Enteric fever.*—Rogers in B. M. J. of October 8th, 1904, page 951. Highet in J. T. M. of October 1st, 1904, page 303; Kirk reported in J. T. M. of December 1st, 1904, page 379; Hunter in J. T. M. of May 1st, 1905, page 130.

(2) *Malta fever.*—S. C. I. for 1892, page 26 (where references to earlier literature are given); Crombie in the Transactions of the Indian Medical Congress, 1894, page 22; S. C. I. for 1896, page 23; Wright and Smith in L. of 6th March 1897, page 656; Wright in B. M. J. of 16th January 1897, page 139; Wright and Smith in B. M. J. of 10th April 1897, page 911; Wright and Semple in B. M. J. of 15th May 1897, page 1214; Freyer in B. M. J. of 22nd May 1897, page 1319; Macartney in B. M. J. of 29th May 1897, page 1384; Welch in B. M. J. of 12th June 1897, page 1512; S. C. I. for 1897, pages 21 and 22; Kretz in L. of 22nd January 1898, page 221; Aldridge in L. of 21st May 1898, page 1394; I. M. G. of December 1897, page 466; S. C. I. for 1898, pages 21 and 73 (the latter for a long list of references to current

literature); Hughes reported in B. M. J. of 9th September 1899, page 657; Birt and Lamb in L. of 9th September 1899, page 701; S. C. I. for 1899, page 20; I. M. G. of June 1900, page 226; I. M. G. of July 1900, page 271; Lamb in I. M. G. of September 1900, page 337; I. M. G. of November 1900, page 437; S. C. I. for 1900, page 7; S. C. I. for 1901, pages 8, 39, 53 and 97; Hislop in B. M. J. of 20th September 1902, page 870; Bentley in B. M. J. of 20th September 1902, page 872 and in I. M. G. of September 1902, page 337; Rogers in I. M. G. of October and November 1902, pages 377 and 424; S. C. I. for 1902, pages 7 and 107; Bentley in J. T. M. of 1st January 1903, page 8; S. C. I. for 1903, page 11; Konrich in Z. H. XLVI, heft 2, page 261; Powell in I. M. G. of February 1904, page 45; Cornwall in I. M. G. of June 1904, page 237; Lamb in *Scientific Memoirs by officers of the Sanitary and Medical Departments of the Government of India*, New Series, No. 21, 1905.

(3) *Plague.*—Scott in I. M. G. of December 1904, page 450.

(4) *Scurvy.*—Barnado in I. M. G. of July 1904; see also L. of 10th December 1904, page 1659.

SECTION IV.

JAILS OF INDIA.

India.

49. In examining the vital statistics of prisoners in India for a series of years the two most striking facts observable are the general fall in the death-rates and the inconstancy of these rates from year to year. The general tendency of the curve is downwards, but it is marked by violent oscillations, a low death-rate in one year being followed by a high death-rate in the next, and this again by a low death-rate. We maintain that the fall in the death-rates is due to improvement in general sanitary conditions; and we explain that fluctuations, which correspond in kind although not in degree with the fluctuations in the death-rates of the general population, are due to varying climatic influences. It may be of some assistance in the consideration of the problem of effecting further improvement in the health of the prisoners if we endeavour to realise clearly what these explanations really mean. Perfect sanitary conditions imply the provision in sufficient quantity of fresh air and light, pure water and suitable food, employment, the regulation of the body temperature, perfect cleanliness, and the existence of such arrangements as will render contagion and infection impossible—the maintenance, in short, of a completely favourable environment. When we say that climatic conditions are good, it is implied that the maintenance of the favourable environment is a comparatively easy matter, while the term bad climatic conditions denotes the effect of abnormal meteorological or other influences, which render the maintenance of such an environment difficult. When a jail death-rate is raised as a result of bad climatic conditions it means that the arrangements to maintain the favourable environment are imperfect ; it may be from an avoidable, if accidental, defect in appliances, as when a case of cholera occurs in a jail; or from failure in the directing agency, as when the single case of cholera leads to an outbreak; or it may be from an unavoidable circumstance, such as the admission into the jail of weakly or unhealthy prisoners. It follows that, among a body of prisoners, most of whom are in the prime of life, efficient appliances intelligently used would always prevent death-rates from being high, except when the proportion of sickly or weakly men admitted into the jails was unduly large ; but, as expenses must be limited, it follows also that the task of maintaining a low death-rate is harder for some administrations than for others, and that results cannot be fairly appraised by comparison of death-rates alone. That great improvements have been made both in appliances and in their direction, the lowered death-rates prove, but even in the best managed administration or jail, any rise in the death-rate should lead to careful enquiry into every detail of the sanitary arrangements.

The conditions of 1904 were favourable to the health of the prison populations. Although the rainfall was irregularly distributed in every season of the year, harvests were generally abundant, and the public health in most of the provinces was good; where the provincial death-rates were high the cause was plague, which, although a source of anxiety and trouble to jail administrators because of the precautions which must be taken against its entrance into the jails, is not, on account of these precautions, an important cause of prison mortality.

The mean daily prison population in 1904, including the convicts in the Andamans, was 104,325, which except in 1903, when a large number of prisoners was released, is the lowest number since 1894.

The average daily population of convicts in the Andamans was 13,972, and in reviewing the statistics of the prison populations these convicts will be considered separately as the conditions of their lives are in many respects different from those affecting the lives of prisoners in the Indian jails.

The mean daily population of the jails in India and Burma was 90,353, and the effects of favourable climatic influences, of comparatively small populations, and of the skill and experience of Inspectors-General and Superintendents are indicated by the rate of admission to hospital, 676 per 1,000, the constantly sick-rate, 28 per 1,000, and the death-rate 17·61 per 1,000, each of which is the lowest rate upon record. The daily average number of convicts was 85,174, among whom the death-rate was 17·75 per thousand, the rates being over 20 in only two administrations, Assam (28·68) and Bengal (20·28), while in two administrations, the Central Provinces (12·67) and the United Provinces (14·26) they were less than 15.

The following statement shows the admission and death-rates of convicts in the several administrations during the last five years.

Administrations.		1900.			1901.			1902.			1903.			1904.		
		Average strength.	Ratio per 1,000 of strength.		Average strength.	Ratio per 1,000 of strength.		Average strength.	Ratio per 1,000 of strength.		Average strength.	Ratio per 1,000 of strength.		Average strength.	Ratio per 1,000 of strength.	
			Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.
Bengal	Central	9,805	1,189·0	29·78	10,202	1,064·8	22·35	10,368	1,054·1	22·57	9,316	1,015·8	17·50	9,519	803·7	18·91
	District	8,648	1,222·7	50·76	8,979	1,197·9	33·97	9,268	1,084·6	29·56	8,160	1,162·7	30·76	8,483	1,154·1	21·81
Assam	Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	District	1,463	836·6	23·92	1,463	1,067·7	25·29	1,362	890·5	30·10	1,296	809·3	29·32	1,430	650·6	28·68
United Provinces.	Central	12,883	573·1	16·8	12,204	825·3	25·0	11,475	653·5	23·4	9,387	642·8	12·9	9,313	502·7	12·78
	District	15,884	900·6	26·25	15,323	853·5	24·54	14,563	793·5	18·40	11,958	947·9	17·39	12,777	687·6	15·34
Punjab	Central	6,270	1,538	25·20	6,366	1,440	29·69	5,749	1,245	26·44	4,858	850	18·94	4,822	915·2	25·09
	District	6,710	1,150·5	24·29	6,278	1,141·6	24·85	6,179	1,100·3	25·25	6,341	1,056·3	19·71	5,930	961·2	15·85
North-West Frontier Province.	Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	District	931	932·3	9·67	881	1,087	9·08	893	1,103	28·00	971	1,213	16·48	1,055	1,182	16·11
Central Provinces	Central	4,359	881·2	65·61	4,023	801·4	26·85	3,465	957·3	23·09	2,676	772·1	16·82	2,468	489·9	10·13
	District	2,452	1,172·5	87·68	1,729	925·4	28·34	1,418	926·0	25·39	1,113	1,002·3	22·45	1,085	847·9	18·43
Madras	Central	6,728	560·5	22·15	7,181	584·0	22·70	7,042	499·1	18·32	5,775	447·6	18·35	6,129	439·9	15·01
	District	3,707	366·6	37·23	3,635	510·6	26·98	3,660	351·9	17·76	3,124	578·7	20·49	3,143	591·8	18·45
Bombay	Central	4,841	855·8	36·98	4,064	1,485·5	29·04	3,846	707·0	33·80	3,026	347·3	19·17	3,039	556·8	17·11
	District	6,964	860·7	56·29	6,358	767·7	39·16	6,207	721·4	26·58	4,889	654·8	31·70	4,868	639·1	20·95
Burma	Central	7,890	557·2	18·50	7,246	513·8	14·49	6,823	510·6	13·34	6,691	460·3	14·05	6,962	381·1	21·69
	District	4,297	544·8	23·50	4,264	603·7	16·18	4,253	573·0	18·58	3,981	501·6	22·61	4,151	390·5	14·21
Total of the above provinces.	Central	52,776	850·3	27·04	51,286	922·0	23·73	48,768	791·9	22·25	41,729	680·8	16·30	42,252	591·5	17·51
	District	51,056	925·7	37·39	48,910	908·4	27·54	47,803	839·3	23·20	41,833	848·1	23·24	43,922	791·3	17·99

It will be observed that in India generally, convicts are fairly evenly distributed among central and district jails. As might be expected the mean death-rates of the central jail populations were lower than the mean death-rates of the district jail populations; and in the central jails in four years out of five the admission rates were lower than in the district jails. Individual provinces, of course, furnish exceptions to the general rule, but the facts that the death-rates in district jails are more subject to fluctuations than the death-rates in central jails, and that it is mainly to the diminution of the rates in the former that the progressive general fall in the death-rate is due, must be taken into account, not only in forecasting the prison mortality of the immediate future, but in considering what measures are necessary to maintain and improve the position that has been already gained.

Central and district jails.

50. The following table exhibits in an instructive manner the death-rates during the last five years, of convicts in central and district jails in all administrations, the strengths, and death-rates being given according to the length of time spent in confinement.

			1. Strength.		2. Deaths.		3. Ratio per 1,000 of strength.		
Years.			Not exceeding six months.	Above 6 months and not exceeding one year.	Above one year and not exceeding 2 years.	Above two years and not exceeding 3 years.	Above three years and not exceeding 7 years.	Above 7 years.	Total.
1900.	Central Jails.	Strength	15,345	10,374	9,828	6,882	7,102	3,478	53,009
		Deaths	437	307	246	164	191	82	1,427
		Ratio per 1,000 of strength.	28·5	29·6	25·0	23·8	26·9	23·6	26·9
	District Jails.	Strength	30,203	10,373	6,524	2,335	1,618	311	51,364
		Deaths	1,306	313	169	54	55	12	1,909
		Ratio per 1,000 of strength ...	43·2	30·2	25·9	23·1	34·0	38·6	37·2
1901.	Central Jails.	Strength	14.368	9,769	9,637	6,690	7,221	3,434	51,119
		Deaths	305	212	269	145	205	81	1,217
		Ratio per 1,000 of strength ...	21·2	21·7	27·9	21·7	28·4	23·6	23 8
	District Jails.	Strength	26,993	10,547	6,766	2,447	1,784	413	48,950
		Deaths	818	277	180	28	36	8	1,347
		Ratio per 1,000 of strength ...	30 3	26·3	26·6	11·4	20·2	19·4	27·5
1902.	Central Jails.	Strength	12,789	8,961	8,941	6,941	7,332	3,565	48,529
		Deaths	280	188	206	122	220	69	1,085
		Ratio per 1,000 of strength ...	21·9	21·0	23·0	17·6	30·0	19·4	22 4
	District Jails.	Strength	25,610	10,697	6,623	2,584	1.883	361	47,758
		Deaths	588	278	148	49	38	8	1,109
		Ratio per 1,000 of strength ...	23·0	26·0	22 3	19·0	20·2	22·2	23·2
1903.	Central Jails.	Strength	11,122	7,463	7,970	5,715	6,862	2,486	41,618
		Deaths	181	112	137	91	122	37	680
		Ratio per 1,000 of strength ...	16·3	15·0	17·2	15·9	17 8	14 9	16·3
	District Jails.	Strength	23,242	9,612	5,314	2,279	1,650	209	42,306
		Deaths	537	205	108	28	37	7	972
		Ratio per 1,000 of strength ...	25·3	21·3	20 3	12·3	22·4	33·5	22·9
1904.	Central Jails.	Strength	11,446	7,605	8,328	5,642	6,749	2,475	42,245
		Deaths	196	132	151	70	140	51	740
		Ratio per 1,000 of strength ...	17·1	17·4	18·1	12·4	20·7	20·6	17·5
	District Jails.	Strength	23,849	9,567	5,348	2,192	1,872	213	43,041
		Deaths	464	157	90	35	24	2	772
		Ratio per 1,000 of strength ...	19·5	16·4	16·8	16·0	12·8	9 4	179

It will be seen that in central jails the highest death-rates generally occur among convicts who have spent between three and seven years in prison, while in district jails the highest death-rates occur among the recently admitted, although on account of their small numbers there must be great fluctuations in the death-rates among long term prisoners confined in district jails. In unhealthy years the prisoners in district jails suffer more than the prisoners in central jails; and among the former the proportion of deaths to admissions is generally higher than among the latter. Moreover, a large proportion of long term convicts spend the early and most trying period of their imprisonment in the district jails before transfer to the central prisons. It is inevitable that the appliances for combating disease should be less perfect in district than in central jails, as the care of the prisoners in district jails is only one of the duties of a busy Civil Surgeon, and any means of helping him to improve the care and treatment of the sick may be expected to lower mortality, especially in unhealthy years when the work in the hospital is particularly heavy. In the Punjab, and possibly elsewhere, selected prisoners are taught sick-nursing in the large hospitals of the central jails, whence they are drafted to district jails; this plan has worked well in the Punjab and might be tried in other administrations; and there seems to be no reason why similar specialization might not be extended to the overseeing of jail sanitation.

Causes of sickness and mortality.

51. The more important causes of sickness were intermittent fever (admission-rate 216·1 per thousand), dysentery (85·7), diarrhœa (41·8) and respiratory diseases (25·1), excluding pneumonia; and the principal causes of death were tubercle of the lungs (death-rate 3·09 per thousand), dysentery (2·91) and pneumonia (2·79).

Malarial fevers.

52. Intermittent fever is important rather as a cause of sickness, depleting the work-sheds and filling the hospitals, than as a direct cause of death. The number of cases admitted to hospital in all the jails during 1904 was 19,525, and the admission rate was 216·1 in every thousand. The death-rate was ·66 per thousand, but this figure does not represent the cases in which malaria was the indirect cause of death. The influence that malarial poisoning exerts on other death causes in this country is still undetermined, and no officers are in such a favourable position to throw light upon this problem as the medical superintendents of jails.

The highest admission rate during the last ten years was 323·6 in 1897, and, although there is a considerable fall in the last few years, it must not be forgotten in estimating the effect of the prophylactic measures which have been more systematically enforced recently, that there is evidence that the fall in at least one province is due to more careful diagnosis, and that in 1896 and 1899 the admission rates were, respectively, only 249·4 and 245·6. The death-rate in 1904 is, however, considerably lower than any hitherto recorded, and it has been approached only in 1899 and 1903, when the rates were ·80 and ·88 per thousand, respectively. Meanwhile, from 1901 onwards there has been a rapid fall in the numbers of admissions ascribed to simple continued fever and remittent fever.

In India as a whole in each of the last five years the largest numbers of cases of intermittent fever were admitted to hospital in October, and the smallest numbers in February; but in most of the provinces the monthly distribution of cases of malarial fever was irregular from year to year. In four administrations, the United Provinces, the Punjab, the North-West Frontier Province and the Central Provinces the maximum and minimum incidences of malarial fever were fairly regular. In the United Provinces and the Punjab the highest numbers of cases occurred in October in four years out of five, and in the North-West Frontier Province the highest numbers occurred in either October or November, and in the Central Provinces in September or October. In all four provinces the lowest numbers occurred generally in February. In Bengal the total figures of the quinquennium show that November is the most, and January the least, malarious month, but, while the smallest numbers of cases invariably occurred in January or February, the largest numbers occurred in five different months. Similar irregularity is present in the returns from Burma and Assam, although it may be noted that in the last two years, when a marked reduction in the total numbers of cases is recorded, the smallest numbers occurred in December in Burma and in February in Assam, and the largest numbers in June in Burma and in May in Assam. In Madras malarial fevers are most prevalent in December and January, and least prevalent in August. In Bombay the totalled figures show that the disease is most prevalent in November and least prevalent in June, but there is great irregularity in the monthly distribution of the maximum and minimum in the different years.

In a vast country like India where the conditions of temperature and rainfall vary so greatly, and even in the smaller areas included in the jail administrations, it is inevitable that the seasons of maximum and minimum prevalence of malaria should also vary, but in most places there are well demarcated seasons of comparative prevalence and absence of the disease, and any departure from these should be strictly scrutinised, while in places where there is great irregularity in the distribution of the disease it is desirable that it should be ascertained whether all the sickness ascribed to malaria is really due to that cause. In this connection, it may be mentioned that Captain Lamb, I.M.S., has recently isolated the specific organism of Malta fever from material received from several different places.

The total number of admissions to hospital under the heading *remittent fever* during the five years ending with 1,904 was 1,422, of which 462 were recorded in Bombay, where the mean admission rate was 9·8 per 1,000, as compared with 2·9 in all the provinces taken together; but 433 of the admissions in Bombay occurred during the first three years of the quinquennium; and in the Central Provinces, where the total number of admissions from remittent fever was 55, no less than 42 occurred in 1900. In all provinces, as we have seen, remittent fever is becoming a less commonly recorded disease, and, although, in the beginning of the quinquennium, famine had no doubt much to do with its prevalence, it is by no means easy to determine the cause of its gradual disappearance from the returns, or to say how far that disappearance may not be due to more careful observation of the sick.

The subject of the prophylaxis of malarial fevers is so well worn that few of the Inspectors-General give much space to accounts of what is being done. In most jails drainage, the destruction of anopheles larvæ and quinine prophylaxis are carried out. The freedom of the jail precincts from larvæ can probably be attained, but in many places but little can be done to destroy larvæ in the vicinity of the jail enclosure, and efforts must be directed to preventing mosquitoes becoming infected. In Bengal prisoners suffering from malarial fever are placed under mosquito nets, and in the Punjab all subjects of malaria are treated on admission to jail; but in malarious places many adults may harbour the parasites of malaria without displaying marked symptoms, and in such places, if it is impossible to have the blood of newly admitted prisoners examined, it might in the end be best to treat each newly admitted prisoner systematically with quinine with a view to eradicating the parasites. Whenever possible all children living in the neighbourhood of the jail should be examined, and if infected should be treated. In the present state of our knowledge the most important injunction to jail superintendents is this, that they should personally see that all measures, particularly the administration of quinine, are carried out intelligently and thoroughly.

Dysentery.

53. During the last ten years both the admission and death-rates from dysentery have fallen, but while the fall in the admission-rates has not been very large and has been irregular, the fall in the death-rates has been very great, particularly in the last four years, during which the fall has been rapid and steady.

In 1904, the numbers of cases admitted into hospital aggregated 7,747, equal to an admission rate of 85·7 per thousand, which is slightly higher than the rate in the previous year, and not much lower than the rates in 1899 and 1902. The total number of deaths was 263, equal to a death-rate of 2·91 per thousand, a figure which has been approximated only in 1903.

In India generally, in 1904, the largest number of cases occurred in August and the smallest number in February, and this is the ordinary seasonal distribution; but the maximum incidence of the disease in August depends on the Bengal jails where there are nearly as many cases of dysentery as in the jails of all the other administrations put together. In Bombay and the Central Provinces, also, the largest number of cases generally occur in August; in Assam in August or September; in northern India the maximum occurs later, in the United Provinces generally in September, and in the Punjab, where, however, the distribution is irregular, in October. In Madras the greatest prevalence of the disease is generally in December, and in Burma regularly in July. In Bengal, the United Provinces and the Punjab the disease is least prevalent in February; in Assam in January or February; and in the remaining provinces irregularly, but in the earlier part of the year. Thus in all provinces the seasonal distribution of the disease has a direct relation to the rainfall. In some of the provinces the severest incidence of dysentery and of malarial fever coincide, notably in the Punjab, Madras and Burma; while the greatest freedom from both diseases occurs in Bengal, the United Provinces and the Punjab in the same months.

The importance of dysentery as a cause of sickness and death in every administration is very great, but its importance is vastly greater in some administrations than in others, as a consideration of the figures of the last four years show. In Bengal and Assam the mean admission rates were, respectively, 227·9 and 221·5 per thousand; while the next highest rates were 69·7 in the North-West Frontier Province, 62·4 in the Punjab and 57·3 in the Central Provinces, the rates in the remaining provinces ranging from 52·0 in Burma, to 48·1 in the United Provinces. In Assam and Bengal the mean death-rates were much higher than elsewhere, being 9·27 and 6·09, respectively; in the United Provinces, the Central Provinces, the North-West Frontier Province and the Punjab they varied between 4·14 and 3·09; while in Burma, Madras and Bombay the rates were 2·81, 2·18 and 1·87 per thousand, respectively.

In 1904, the relationship to each other of the different provinces as determined by the mean death-rates is altered by the transfer of the United Provinces and the Central Provinces from the third and fourth to the sixth and eighth places, and there has been a satisfactory fall in the admission rates in all provinces, except in Bengal, where there is a trifling rise, and in the small North-West Frontier Province administration, where the rise is considerable. Except in Assam and Burma all the death-rates were below the average, the reduction being specially noticeable in Bengal, the United Provinces and the Central Provinces.

The figures shew that the decline in the mortality has been mainly due to successful treatment, and in this connection the case-mortality in the different administrations is of interest. Taking the averages of the three years 1901-03,the mean case-mortality was 4·5 per cent. and the administrations may be arranged in four groups ; where the case-mortality was very high, the United Provinces (9·3 per cent.) and the Central Provinces (7·8); where the case-mortality was high, the North-West Frontier Province (5·7), Burma (5·3), the Punjab (4·9) ; where the case-mortality was average, Madras (4·4), Bombay (4·2), Assam (3·9), and where the case-mortality was low, Bengal (2·8). In 1904, the total mean case-mortality fell to 3·4 ; the very high percentages disappeared, the percentages in the United Provinces and Central Provinces falling to 5·9 and 3·2 respectively ; but, while the percentages in Bengal (2·1), the North-West Frontier Province (3·6) and Bombay (2·5) fell, the percentages in Assam (5·2), the Punjab (5·3), Madras (4·5) and Burma (5·9) rose.

The name dysentery everywhere denotes several diseases of different etiological origin, *e.g.*, Kruse[1] recently enumerated four forms of dysentery, amœbic dysentery, true bacillary dysentery, pseudo dysentery and para dysentery, and in the jails of India it is quite certain, not only that several varieties of the disease occur, but that deaths are ascribed to dysentery where only some of its classical signs appear in the terminal stages of some other disease. A discussion of the bacteriology of dysentery in the present confused state of knowledge would be neither helpful nor prudent, but it is important that medical superintendents should attempt to differentiate bacillary from amœbic dysentery, as this is probably the first stage in a correct classification of several diseases. The mere discovery of amœbæ in a case of dysentery is no proof that the case is one of amœbic dysentery since amœbæ have been found by numerous observers in the fæces of the healthy and of persons suffering from many different kinds of intestinal disease, and Schaudinn states that amœbæ may be found in cases of dysentery due to the Shiga-Flexner-Kruse bacillus, although in another form of bacillary dysentery observed by him all the amœbæ were killed as a result of the infection.

According to Schaudinn[2], the name *amœba coli* has been given to two organisms that differ so widely that they should be reckoned as belonging not merely to different species but to different genera. To one he has given the name *entamœba coli* (Lösch), to the other the name, *entamœba histolytica.* They can be distinguished by their morphological appearances, their course of development and their pathogenic effects.

The *entamœba coli* has been found in the fæces of healthy people by many observers, among others by Schuberg[3], after giving the hosts doses of Carlsbad salts, and by Schaudinn. This amœba, in a state of rest displays no demarcation between the endoplasm and ectoplasm, but when it moves or extrudes pseudopodia the demarcation becomes distinct. The nucleus is central, large, round or oval and easily seen. Vegetative multiplication is by simple division or by schizogony resulting in the formation of eight daughter cells. Spores also are formed ; they are large cysts containing eight nuclei. Schaudinn infected his own intestine with the spores without producing dysentery.

The *entamœba histolytica* has a glassy appearance, the granular endoplasm is always sharply divided from the hyaline ectoplasm, the nucleus is small, excentric—often at the margin of the ectoplasm, and difficult to see. The protoplasm is tough so that the amœba can penetrate between the epithelial cells of the intestine. Vegetative multiplication is by division or budding. The spores are small without distinctive inner structure, and appear only when the fæces become firm, or when the cure of the disease has begun. Schaudinn gave, with some food, to a young cat, the intestine of which was previously free from amœbæ, a portion of dried dysenteric matter containing spores of *entamœba histolytica* ; the cat suffered from dysentery and died in four days, the amœbæ being present in the intestine. Another cat was given a portion of dysenteric matter containing only the vegetative form of the amœba ; it was not infected. It was then given a portion containing spores ; after six days the amœbæ were found in its fæces and it died in a fortnight.

The most important indications in the prevention of dysentery are attention to food and water supplies ; and the prevention of infection by early treatment and complete isolation of the sick, disinfection and destruction of stools, and, as both the bacillus of dysentery and the spore of the *amœba histolytica* resist drying, the thorough disinfection of everything that is used by a patient. It should be remembered also that very slight cases are infectious, that convalescents may remain infectious for a long time, and that it may be possible for a person to be the host of the cause of the disease without exhibiting any symptoms, so that efficient disposal of all night-soil is of cardinal importance.

Inspectors-General, with one or two exceptions, are sparing in their remarks on dysentery, possibly because they feel they have nothing new to say, but, as prevention in Indian jails may now be said to resolve itself into perfection of the *technique* of segregation and disinfection, they would do a real service if they would follow the example set in the preceding paragraphs, and run the risk of repeating what may be already well known to many of their readers, by giving an account of any detail of management which appears to them to be useful.

Diarrhœa.

54. The number of cases of this complaint was 3,774, of which 88 terminated fatally. Both admission and death-rates attributed to diarrhœa have been steadily declining, but although the admission-rate of 1904, which was 41·8 per thousand, is only fractionally lower than the rate in 1903, the death-rate in 1904, was ·20 per thousand higher than the death-rate in that year. In Bombay and the Central Provinces the greatest prevalence of diarrhœa occurs at the same time as the greatest prevalence of dysentery ; and in Bengal and the United Provinces the period of greatest prevalence of the former disease immediately precedes the period of greatest prevalence of the latter. In Bombay and Bengal diarrhœa is always a serious cause of death, in the United Provinces, the Punjab and Assam the death-rates vary considerably from year to year ; and in Madras, probably in part on account of some peculiarity of classification, the death-rates recorded under the heading diarrhœa are always low. In the Central Provinces the death-rate from diarrhœa has declined remarkably ; but in Burma the death-rate in 1904

was nearly double that of the previous year, and that again was higher than the mean of recent years.

Respiratory Diseases.

55. Both admission and death-rates on account of the diseases included under this heading have declined gradually during the last ten years, the decline in the death-rates becoming more rapid after 1901. In 1904, the number of cases admitted was 2,264, and the number of deaths 59, equal to rates of 25·1 and ·65 per thousand respectively. In most provinces the prisoners suffer most from those diseases in December or January; in Madras the maximum incidence of the disease occurs irregularly. In all provinces the minimum incidence of the disease is irregular. The mean admission-rate in India during the last five years was 28·0 per thousand, the means in the Punjab, 41·4, the North-West Frontier Province, 32·6, Bengal, 32·5, and Bombay, 32·1, being higher, and the means in Assam, 22·3, and Burma, 12·0, being lower than the general mean. In Bombay, the Central Provinces, the United Provinces and the Punjab the death-rates were higher than elsewhere.

Pneumonia.

56. The last ten years have witnessed a progressive though slight decline in the admission and death-rates from pneumonia, the lowest figures being reached in 1904, when 965 admissions and 252 deaths are represented by rates of 10·7 and 2·79 per thousand, respectively. In all the larger administrations pneumonia is continuously present, but it is generally far more prevalent in the cold weather than in the hot and rainy seasons. In most administrations the maximum incidence of the disease is in January, and the minimum between July and September. In Madras, where the seasonal distribution of the disease is irregular but the variation is not great, the mean totals of the last five years give the maximum in May and the minimum in April. There are two administrations in which pneumonia is peculiarly rife, Bombay and the Punjab. In Bombay the mean admission-rate of the last five years is 23·8 per thousand, but there are large fluctuations from year to year, and the high rate is due to the extreme prevalence of the disease in Sind, particularly in the Sind convict gang, among whom the death-rates in some years were enormous. In the Punjab the average admission rate of the five years is 20·4 per thousand, which is more than three times the mean rate in Assam (6·7), and nearly four times the mean rate in Burma (5·5). In the North-West Frontier Province the mean rate is 17·4, not far short of twice the rate in Madras (9·4). In the remaining provinces the mean admission rates are 12·8 in the Central Provinces, 12·3 in Bengal and 12·2 in the United Provinces. Pneumonia is one of the deadliest of jail diseases; the mean percentage case-mortality in India in the four years ending 1904 was 25·1; the means in the provinces ranging from 37·9 in Assam and 29·5 in Bombay, to 22·3 in Madras and 21·6 in the United Provinces.

In certain provinces pneumonia is the most important cause of death, causing more than a fourth of the total death-rate, and we cannot afford to neglect any measure which may diminish the prevalence of the disease. The improvement in recent years is mainly due to more efficient ventilation, and to the treatment of the disease as an infectious fever; but, while recognising that efficient ventilation is essential not only in reducing the danger of infection, but in lessening the predisposition to the disease due to lowered vitality, every care must be taken to guard against other causes of lowered vitality, the most important of which in respect of pneumonia is chill. Granted the ubiquitous presence of the specific germ which is the common cause of pneumonia, it probably becomes dangerously virulent only after favouring circumstances have enabled it to set up an attack and multiply in an individual.

Tubercle of the lungs.

57. The number of cases of tubercle of the lungs admitted to hospital in 1904 was 763, and the number of deaths from this cause was 279, the admission and death-rates being, respectively, 8·4 and 3·09 per thousand. A most noteworthy feature of the year is the fact that for the first time the aggregate number of deaths in the jails from tubercle of the lungs exceeded the number of deaths from dysentery, and tubercle of the lungs took the first place on the list of fatal diseases. The statistical history of tubercle of the lungs in the jails during the last ten years is important. In 1895 the admission-rate was 5·8 per thousand, and the death-rate 2·52, little more than a third of the death-rate from dysentery; in the following year the admission-rate rose to 7·3, and these rates continued to rise until they reached a maximum of 9·1 in 1902. The death-rates also increased steadily, and, if we exclude the famine year 1900, when an abnormally high death-rate, 3·76, was recorded, also reached their maximum (3·57) in 1902, since when both admission and death-rates have declined. If we relied upon the figures as they stand, we should have to confess to a rapid and alarming increase in the prevalence of tubercle in the jails, but special circumstances must be taken into consideration. In the first place, special enquiry has been made since 1895 into all cases of pneumonic phthisis, and no death has been recorded under this heading until the medical officer in charge of the case has re-affirmed his opinion that no tubercle was present; and, in the second place, the revised nomenclature of diseases, which directs that cases of anæmia shall be returned whenever possible under the disease to which the anæmia is due, was taken into use in 1897. The effect of the second of those changes was masked by the peculiar conditions of the years 1897 to 1900, when, as a result of the famines, the jails were overcrowded and many of the prisoners were in very bad health on admission to jail. While the death-rate from tubercle of the lungs continued to rise, the death-rate from anæmia and debility did not fall until 1899, and it rose again in the following year, but it did not reach the old level, and since 1901 it has steadily declined. It may be, as many jail officers believe, that tubercular diseases have become more frequent in the jails, but if this is the case, the increase is confined to individual jails, and the fact that since 1902 the death-rates from tubercle of the lungs, anæmia and debility, and remittent fever have all fallen encourages the hope that in the jails generally the measures taken against tubercle are being attended by success. In comparing the death-rates from tubercle of the lungs in administrations and from year to year, it is necessary to take into account the proportion of long term prisoners in the populations, for, just as newly admitted prisoners die at a greater rate from dysentery than long term prisoners, so long term prisoners die at a greater rate from tubercle of the lungs than short term prisoners. In 1904, convicts who had been three years or longer in confinement died from tubercle of the lungs at the rate of 6·99, while other convicts died at the rate of 2·65 per thousand.

The mean admission and death-rates of the last four years show that the prevalence and fatality of tubercle of the lungs vary considerably in the different provinces. In India, generally, the mean admission-rate was 8·7, and the mean death-rate 3·36 per thousand. By far the highest admission and death-rates were recorded in Madras (11·5 and 3·79) and Bengal (11·0 and 3·78). At the other end of the scale come the Central Provinces (5·6 and 2·69), Assam (4·8 and 1·81) and the North-West Frontier Province (3·3 and ·78). The admission-rates in the Punjab (8·4), Burma (8·4), and the United Provinces (8·2) may be classed together, but the death-rate in Burma (3·59) was higher than the death-rates in the Punjab (3·51) and United Provinces (3·04). In Bombay the admission-rate, 6·3, was comparatively low, but the death-rate, 3·55, was exceeded only in Madras, Bengal and Burma. A low admission-rate does not necessarily mean comparative infrequency of the disease; it may mean that cases are not recognised, and it is instructive to compare the mean periods of time spent in hospital in the different administrations by patients whose illness has terminated fatally. For this comparison the returns of 1904 have been used, but only cases among prisoners in central jails who had been upwards of three years in prison have been included. The mean stay in hospital in India generally was 119 days, and in the different provinces the means ranged from 158 days in the Punjab to 65 days in Bombay; the mean duration of treatment was comparatively long in the United Provinces (129 days), the Central Provinces (122 days) and Bengal (119 days), and short in Madras (91 days) and Burma (88 days). Making allowance for the small number of cases (there were only 79 in all, and only 2 in Bombay) it is evident that either the disease runs a very rapid course in Indian jails,* or cases are not detected in the early stages, and an examination of the figures of which the means are composed and of the returns from individual jails show that failure to detect tubercle early in cases which end fatally is common, the inference being that there are numerous undiagnosed cases of tubercle in many of the prisons. Now, early detection is essential, not only to successful treatment, but to the prevention of the spread of the disease, and the purpose of the most elaborate arrangements for segregation will be defeated if undiagnosed cases are allowed to remain among the general body of the prisoners. The mortality from tubercle is often explained by the statement that many prisoners are infected before admission to jail; this statement is true, but that it is not a satisfactory explanation is shown by the fact that in 1904 more than 41 per cent. of the deaths of prisoners in central jails who had been upwards of three years in prison were due to tubercle of the lungs.

In all jails, it is presumed, segregation of phthisical prisoners is practised; in many jails they are treated in the open air, and in Madras central receiving hospitals are provided in the prisons at Bellary and Trichinopoly. With few exceptions, Inspectors-General give no particulars regarding the effects of the measures adopted by them; in Bengal the open air treatment has been remarkably successful in some cases; in the Punjab it has not so far fulfilled expectations, but it is confidently hoped that this and other measures will ultimately prove successful in limiting the frequency of the disease and reducing the mortality among the cases.

The difficulty in dealing with the tubercular disease in a prison must be admitted, but in view of the necessity for checking the spread of tubercle of the lungs if further reduction in prison sickness and mortality is to be accomplished, the magnitude of the difficulties must be the measure of the efforts taken to overcome them. Further improvement in the ventilation of barracks and worksheds is possible in many jails; and in assigning labour an effort should be made to employ narrow-chested small-hearted men, if not out of doors, on some form of labour which will not entail close confinement in a dust-laden atmosphere. The most important measure is the removal of the danger of infection, and the only way to secure this is by early diagnosis and segregation of cases. In all central jails there must be sufficient accommodation to provide for the segregation of all phthisical prisoners, and in the smaller district jails accommodation should be provided at any rate for advanced cases, for it is evident that a prisoner with a cavity in his lung is generally a greater danger to his fellows than a patient whose disease is limited to slight consolidation.

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* In district jails the mean period was 67 days. In the Andamans, where special search for cases of tubercle is made, the mean in 52 cases, including six self-supporting convicts, was 169 days.

Small-pox.

58. There were 25 cases, including 15 in the United Provinces and six in Bombay, and four deaths from small-pox, as compared with 62 cases and six deaths in 1903.

Cholera.

59. There were only 47 admissions to hospital and 31 deaths from cholera including seven fatal cases of choleraic diarrhœa. There was no case in the jails of Assam, the United Provinces, the Punjab, the North-West Frontier Province, and Bombay, and the only serious outbreak occurred in the Mandalay central jail.

Plague.

60. There was a great increase in the prevalence of plague among the general population in 1904, but only 37 cases, of which 24 were fatal, occurred in the jails, as compared with 34 cases and 23 deaths in the preceding year. In the United Provinces (17 cases) the disease appeared in nine jails, in the Punjab (5 cases) in three jails, in Bombay (6 cases) in three jails, in the Central Provinces (4 cases) in four jails, in Bengal (3 cases) in one jail, and in Madras (2 cases) in one jail.

Cerebro-spinal fever.

61. There was a further decrease in the incidence of this disease, only 23 cases and 18 deaths being reported, as compared with 34 cases and 27 deaths in 1903; and the disease appeared in only eleven jails in 1904, compared with fourteen in the preceding year.

Enteric fever.

62. A diagnosis of enteric fever was made in the cases of 55 prisoners admitted into hospital and 14 of them died. Nineteen cases and five deaths occurred in the central jail at Cannanore and eleven cases and three deaths in the central jail at Lahore; in no other jail were more than two cases recorded. In most instances the *post mortem* appearances supported the diagnosis.

Anæmia and debility.

63. The numbers of cases recorded under these headings are, as we have seen, steadily decreasing, and although the number of admissions (1,116) and deaths (37) in the returns for 1904 are considerable, it may be hoped that the great advances being made in our knowledge of tropical pathology will soon reduce the number of diagnoses of "anæmia" to the vanishing point. Special attention must be drawn to *kala-azar*. In only three of the last thirty years has this disease been recorded as occurring among prisoners: in 1895 two cases, in 1896 ten cases and in 1904 one case. All these cases occurred in Assam, and from time to time medical officers in that province have expressed the opinion that

a few cases returned under the headings "ague" and "anæmia" may have been *kala-azar*. As the disease is now known to be prevalent not only in Assam, but in Bengal and Madras, and it is probable that it is common in many other parts of India, it is almost impossible that it should not occur in the jails. In order to make sure, the records of deaths which occurred in 1904 were carefully examined. In 192 records, including cases returned under the headings dysentery (113), intermittent fever (59), anæmia (17), remittent fever (13), enteric fever (13), and debility (2), the history of the illness and the account of the *post-mortem* appearances were given in sufficient detail to permit of an opinion being formed and in twenty, of these it seemed possible or probable that the disease was *kala-azar*.

In the following paragraphs the salient features of the provincial returns and reports are noted briefly, and reference is made to facts illustrating statements in the preceding paragraphs.

Bengal.

64. The prison population of Bengal continues to increase, and in 1904 the daily average strength of the prisoners in twenty-one of the jails throughout the year was in excess of the prescribed accommodation. In some prisons there is danger of site crowding, and there are still barracks in which prisoners have to sleep in more than two rows. Despite these disadvantages, however, the statistics of sickness and mortality indicate steady improvement in the health of the prisoners, and the death-rate of 1904, which was 19·89 per thousand, is the lowest on record.

The admission (932 per thousand) and constantly sick (36) rates were lower than in the previous year owing to a decrease in the numbers of admissions from malarial fevers, influenza, cholera and tubercle of the lungs. The number of admissions from dysentery increased by 531, but the death-rate was considerably lower than in the previous year, the explanation given by the Inspector-General being that he urges the immediate admission to hospital of even the mildest case—a procedure which is not more humane than expedient, since although it may at first raise the admission-rate, in the end it will tend to lower it by diminishing the amount of infection, it will lessen the period of detention in hospital and it will reduce the death-rate. The effect of a different procedure is shown in the returns from Balasore, where prisoners suffering from bowel-complaints were not admitted to hospital but treated in special gangs; the death-rate from dysentery was 21·58 and from diarrhœa 35·97 per thousand.

Special attention has been drawn by Major O'Kinealy, I.M.S.,[4] to the connection between a diseased condition of the teeth and gums, described as oral sepsis, and bowel complaints. Whether the connection is direct or indirect there can be no doubt about the importance of removing the diseased condition and its causes, or about the results which followed the special attention given to the subject in the Midnapore jail in 1904. In all the Bengal jails only five cases of cholera, all fatal, were recorded during the year. There were seven cases of cerebro-spinal fever, five of them in Bhagalpur jail. Although plague was epidemic in the neighbourhood of many jails, the disease invaded only one, Chapra, where of three persons attacked two recovered.

Assam.

65. The average daily number of prisoners in the small jails in Assam rose from 1,134 in 1903, to 1,270 in 1904, but the rate of admission to hospital and the death-rate declined. Of the 37 deaths, 15 occurred in Gauhati, 8 in Sylhet and 6 in Tezpur, the

principal causes of death being dysentery, 14, anæmia and debility, 6, pneumonia, 5 and tubercle of the lungs, 4. Ten of the deaths from dysentery occurred at Gauhati, where there was a serious outbreak attributed to the proximity of the trenching ground and to the failure to segregate cases at once. There was a marked improvement in the health of the prisoners at Tezpur, the death-rate falling from 66·67 per mille in 1903, to 25·97; and in the Sylhet jail the death-rate fell from 31·89 in 1902, and 21·74 in 1903, to 17·54 in 1904. One death was recorded as due to choleraic diarrhœa, but the prisons were free from cholera for the first time since 1887.

United Provinces.

66. The average daily strength of prisoners rose from 23,141 in 1903 to 23,902, but the accommodation in the jails taken as a whole is far in excess of requirements, and arrangements to obviate overcrowding in individual jails were easily made. The admission and constantly sick rates were much below the average, and the death-rate, which was only 15·56 in the preceding year, was further reduced to 14·56, the lowest figure on record. The mean mortality in the central jails was 12·75 per mille, the highest rate recorded in a central jail being 15·03 in Agra, while in Benares and Lucknow the rates were only 10·37 and 6·61 per thousand, respectively.

Among the larger district jails the highest death-rates were 31·37 and 30·47 per mille, recorded in Gorakhpur and Benares. The Gorakhpur jail is practically new and is said to be the best constructed jail in the Provinces; its sanitary condition is apparently satisfactory and all matters connected with the food and clothing of the prisoners received the closest attention. Many prisoners were admitted to the jail while actually suffering from dysentery—among them four of the eight prisoners who died—and it is possible that segregation was not effectual. In future, dysentery cases are to be segregated in a ward in a large enclosure in the outer yard of the jail, and the result of this measure will be awaited with interest. The Benares district jail is situated in the city and the sanitary condition of the surroundings is bad; most of the prisoners who died were in bad health on admission.

There were 17 admissions and 14 deaths from plague; in nine jails single cases occurred; in the Allahabad district jail there were two cases, and in the Allahabad central jail, where it is stated that the disease was probably introduced by free employés belonging to the branch press in the jail, there were eight cases and five deaths.

Punjab.

67. The daily average strength of prisoners in the Punjab was 11,740, as compared with 12,163 in the previous year; the admission rate was 907 per 1,000, against 938 in 1903, the constantly sick rate 31, against 30, and the death-rate was 19·76, or ·60 per 1,000 higher than in 1903. There was a further remarkable diminution in the amount of sickness ascribed to malaria, the admission-rate, which was 504·5 in 1902, fell to 421·8 in 1903, and to 342·2 in 1904. This is attributed by Colonel Bate "to improvements made in the arrangements for maintaining quinine prophylaxis during the autumnal months and for bringing the subjects of malaria under treatment on admission to jail."

There were 64 deaths from pneumonia, of which 21 occurred in the Mooltan central jail and 13 in the Lahore central jail. The incidence of the disease at Mooltan is attributed by the Superintendent to insufficient ventilation of the sleeping wards, and measures have been taken to improve the ventilation; the dormitories in the Lahore central jail, it is pointed out by the Inspector-General, are amply ventilated, so that while ventilation is a necessary precaution against pneumonia, no means must be omitted to guard against anything which will lower vitality, and the freer the ventilation the greater difficulty in preventing chilling of the body in seasons of the year when the changes of temperature are extreme.

North-West Frontier Province.

68. The average daily number of prisoners in the five jails of this Province in 1904 was 1,297; the admission-rate was 1,102 per thousand, the constantly sick rate 32, and the death-rate 14·65. There were 506 admissions for malarial fevers, but no death; 110 admissions for dysentery and four deaths; 84 admissions for diarrhœa but no death; 26 admissions for pneumonia and five deaths.

Central Provinces and Berar.

69. Although a considerably larger number of prisoners were admitted into the jails of the Central Provinces and Berar in 1904 than in 1903, the average daily strength declined from 4,075 to 3,843, which is the lowest figure upon record. The ratios of admissions, 588, and constantly sick, 20 per thousand, were much below the average, and the death-rate was only 12·49. The death-rate from dysentery was 1·30 per thousand against 2·94 in 1903, and it is satisfactory to be able to note that there was only one death from this cause in the five central jails, and that at Jubbulpore there was only one admission. The admission-rate for malarial fevers, 168·1, was greatly reduced and only two deaths were recorded as due to this cause. The improvement in the opinion of the Inspector-General was "not due to a campaign against mosquitoes, but to a more intelligent use of quinine as a prophylactic."

Plague was prevalent in all but five districts of the Province and in 16 of the head-quarter towns, but there were only three deaths in the jails.

Special attention may be drawn to the death-rates among the convicts in the Nagpur and Raipur central jails, 8·68 and 5·94, respectively.

Madras.

70. The average daily strength of prisoners in the Madras jails rose from 8,853 in 1903, to 9,320 in 1904; the admission-rate rose from 426 to 439 per thousand, but the constantly sick ratio, 20 per thousand, was unchanged. The general death-rate was 16·52 per thousand, and in the central jails at Coimbatore, Vellore, and Salem the rates were only 10·29, 11·28 and 11·65 per thousand, respectively.

The number of prisoners admitted to hospital for malaria was 810, and of these thirteen died, a striking contrast to the case-mortality in the Central Provinces and Berar where only two cases among 646 in 1904, and one case among 1,233 in 1903, terminated fatally. The death-rate ascribed to malaria in Madras is generally high, and it is possible that some of the deaths are due to *kala-azar*.

Bombay.

71. In Bombay in 1904 the average daily strength of prisoners, 7,804, was practically the same as in the previous year; and while the admission-rate rose from 515 to 600, and the constantly sick rate from 24 to 25, the death-rate fell from 26·41 to 19·22 per thousand. In many jails there was overcrowding, and some of the jails are structurally defective—among them the Shikarpur district jail which was about to be closed, and the House of Correction in Bombay, where the death-rate in 1904 was 55·56.

There were in all 59 cases of tubercle of the lungs and 29 deaths, ten of the deaths occurring in Thana which was overcrowded. Arrangements were made to reduce the population of the Thana jail and to provide a tubercle ward.

There were 119 admissions for, and 38 deaths from pneumonia, 54 of the admissions and 18 of the deaths occurring in Sind, where the death-rates from this disease in Hyderabad (10·14), Shikarpur (9·64) and in the Sind gang (19·34) were exceptionally high. The outbreak of pneumonia in the Hyderabad prison is stated to have originated by infection. There were only six cases of plague in three prisons and three deaths during the year.

Burma.

72. The statistics relating to the health of prisoners in Burma during the last ten years display many satisfactory features ; the hospital admission-rates have fallen continuously, the constantly sick rates have fallen almost continuously, and, although the death-rates have risen in the last three years above the minimum of 15·29 recorded in 1901, they have never been high—only three times exceeding 20 per thousand. In 1904 the average daily strength of prisoners was 11,704 against 11,187 in the preceding year ; the admission and constantly sick ratios were, respectively, 387 and 20, and the death-rate was 18·63 per thousand ; and, had it not been for the exceptional mortality in the Mandalay jail, the death-rate would have been much lower ; excluding that jail the death-rate among the remaining prisoners was 14·51 per thousand. Of the 218 deaths in all the jails, 59 occurred at Mandalay, including 12 of a total of 20 from cholera, 16 out of 33 from dysentery, five out of 19 from diarrhœa, 10 out of 35 from tubercle of the lungs, and four out of 11 from malarial fever ; the total death-rate among convicts in the Mandalay central jail being 81·49 per thousand, as compared with a mean of 14·75 in the other central jails, and rates of 6·89 and 13·38, respectively, in the more populous jails at Insein and Thayetmyo. The site of the Mandalay jail is low-lying, and owing to the exceptionally heavy rains the soil was water-logged, the garden and surroundings of the jail being flooded on several occasions. The arrangements for the supply of water were extremely defective, and two outbreaks of cholera occurred during the year. A tube well was being sunk in the jail enclosure ; and it may be noted that in the first seven months of the current year there has been a considerable improvement in the health of the prisoners.

The Inspector-General points out with reference to the remarks on prison dietary made last year that Burmese prisoners thrive on a rice diet which contains theoretically an excess of carbohydrates and a deficiency in proteids and fat. The calculations of the composition of dietaries are, it is believed, founded upon analyses of Indian rice, and it is not unlikely that some varieties of Burmese rice are richer in proteid and fat than Indian rice.[5]

Ajmer, Mercara, Quetta, Secunderabad.

73. In these small jails violent fluctuations in the admission and death-rates are, of course, inevitable. In the jail at Ajmer with an average strength of 349 against 420 in 1903, the death-rate in 1904 was 5·73 per mille, against 7·14 in the former year. At Mercara, where the average strength was 67, there were six deaths in 1904, equal to a death-rate of 89·55 per thousand, as compared with 13·89 in 1903. At Quetta, where the average strength in 1904 was 63, there was no death ; and in Secunderabad, where the average strength was 87, only one.

74. In 1904 the rainfall in the Andaman Islands amounted to 121·23 inches, an excess of five inches over the rainfall of the previous year, and nearly ten inches more than the quinquennial mean. The average strength of convicts has risen steadily since 1899, but the provision of sleeping accommodation has not kept pace with the rise in population, with the result that diseases which are fostered by overcrowding have been steadily on the increase. In the conditions of life in the Andaman convict settlement it is necessary if health is to be maintained that the floor space allotted to each convict should be ample, and it is satisfactory to note that, while the general accommodation is being increased, further provision continues to be made for the segregation of infectious diseases.

Andamans.

In 1904 the average daily strength was 13,972, the admission-rate was 1,909, the constantly sick rate 64 and the death-rate 34·78 per thousand, all figures largely in excess of the rates in the Indian jails.

The principal causes of sickness were malarial fevers which accounted for about 62 per cent. of the total number (26,676) of admissions to hospital, dysentery and diarrhœa 12 per cent. of the total, and diseases of the respiratory organs, including phthisis, between 4 and 5 per cent.; while the chief causes of death were diseases of the respiratory organs, including phthisis, 33 per cent. of the total, dysentery and diarrhœa 27 per cent., and malarial fevers, 13 per cent. The causation and prevention of these diseases have been the subjects of most careful study by the medical officers on the spot, and the reduction in the number of cases of tubercle of the lungs by 21 and of deaths from that disease by 10 indicates that the careful search for infected convicts, and the strict segregation of them when they are detected, are proving successful.

The number of cases of dysentery was 2,270 with 111 deaths. The Senior Medical Officer shows that in spite of their superior physique, convicts whose principal food is *atta* suffer more from dysentery than rice-eating convicts, and adduces facts to prove that this is due to the inferior quality of the wheat from which the *atta* is ground. The improvement of the wheat supply is consequently receiving attention.

No less than 16,508 admissions and 63 deaths were ascribed to malarial fevers, as compared with 14,436 admissions and 36 deaths in 1903, the increase being ascribed to the greater number of men engaged in forest work in malarious parts of the settlement. Mosquito brigades have been at work in several places, and it is stated that their labours have been successful in enormously reducing the number of mosquitoes in Ross Island; the admission-rate for malarial fever among convicts employed there fell from 491·7 in 1903 to 483·7 per thousand, a much more notable reduction from 240·9 to 129·4, being recorded in the admission-rates among self-supporting convicts and domestic servants. It is right to add, however, that the Senior Medical Officer states that he has "never been able to capture a living anopheles on Ross, though this island lies distant from Aberdeen, where anopheles breed freely, between five and six furlongs only."

A suggestion that infected children should be removed from the female jail, where the inmates suffer excessively from malarial fever, led the Senior Medical Officer to examine the blood of the women. Among 380 adults, it was found that parasites were present in the blood of 145 in June, of 233 in July and of 146 in August; unfortunately, the Senior Medical Officer does not state what proportion of the infected women exhibited marked symptoms of disease.

Conclusion.

75. A consideration of the foregoing paragraphs will, I believe, show that much yet remains to be done in the improvement of jail sanitation, and that we may hope for a still further reduction in the mortality among prisoners. It is, I think, also evident that the medical superintendents of jails are in an exceptionally favourable position, so far as material is concerned, to advance the knowledge of tropical pathology and hygiene. If, however, improvements are to be effected and full use is to be made of the clinical material, small well-fitted laboratories should be attached to all the larger prisons, and medical officers should be encouraged to avail themselves of the opportunities to refresh their knowledge, which, it is hoped, will soon be offered by the Central Research Institute and other laboratories.

Papers quoted in Section IV.

For explanation of abbreviations see end of Section II.

[1] Kruse reported in D. M. W. 1904, page 1526; [2] Schaudinn in A. K. G. A. XIX, 1903, page 547; see also Schubotz in *Archiv für Protistenkunde VI, heft* I, page 5; [3] Schuberg in C. B. XIII, 1893, pages 598, 654 and 701; see also Dopter in A. P. XIX, No. 7, page 417. [4] O'Kinealy in I. M. G. July 1905. [5] Church, *Food Grains of India*, 1901, *Supplement*, page 4.

SECTION V.

VITAL STATISTICS OF THE GENERAL POPULATION.

Births in India.

76. The total population under registration in the Indian Empire in 1904 numbered 223,617,450, and among them there were recorded 9,136,536 births, a figure very nearly equal to the united populations of Canada and the Commonwealth of Australia. In Bengal, the United Provinces, the North-West Frontier Province, the Central Provinces and Berar, Bombay and in Ajmer-Merwara the recorded numbers of births were higher than in 1903, in the remaining provinces there was a decrease which was slight in all cases and in most seems to have been partially due to a falling off in the efficiency of registration. The mean birth-rate was 40·86 per thousand, as compared with 38·96 in 1903, the provincial rates ranging from 53·19 in the Central Provinces and Berar, where the birth-rate was more than 8 per mille higher than in the previous year, to 30·7 in Madras and 21·97 in Coorg. In all provinces except Bombay, the Punjab and Coorg, the birth-rates were higher than the death-rates, the excess being greatest in the Central Provinces and Berar, where it was 21·13 per mille, the United Provinces 11·97, Bengal 10·14, and Lower Burma 10·35. In the Bombay Presidency the death-rate exceeded the birth-rate by 6·30 per mille, in the Punjab by 7·6 and in Coorg by 4·64. In Bombay and the Punjab the epidemic prevalence of plague accounted for death-rates of 12·12 and 19·71 per thousand, respectively; in the small province of Coorg the excess is explained by the smallness of the recorded birth-rate and not by any unusual mortality. The mean percentage of male to female births was 106·49, the percentages ranging in the different provinces from 121·4 in the North-West Frontier Province, to 104 in Madras and 100·14 in Coorg.

Deaths in India.

77. The total number of deaths registered was 7,436,472 nearly equal to the populations of Sweden and Norway. In only two provinces were the numbers of deaths larger than in 1903, namely the Punjab, where the increase was 982, and the North-West Frontier Province, where the increase was 320. The mean death-rate was 32·86 per thousand, as compared with 34·7 in 1903, and in the different provinces the rates ranged from 49·06 in the Punjab, to 22·36 in Lower Burma and 18·69 in Upper Burma, where registration is exceedingly defective. In every province except the Punjab and Assam the urban were higher than the rural death-rates; in the Punjab where the difference amounts to 2·57 per thousand, the urban death-rate is much lower than in 1903 and the rural death-rate is a little higher; in Assam the difference is only ·05 per mille.

The largest number of deaths recorded in any one month was 758,962 in December, and the smallest number 454,332 in July. January was the month of highest mortality in Madras, the North-West Frontier Province and Ajmer-Merwara, and February was the month of highest mortality in the Central Provinces and Berar. March was the month of lowest mortality in Assam and Lower Burma, while April was the month of highest mortality in the Punjab and of lowest mortality in Upper Burma. In June mortality was at its lowest in Bengal and Bombay. July was the month of lowest mortality in the United Provinces, the Central Provinces and Berar and Ajmer-Merwara and of highest mortality in Coorg. In August the death-rates in the Punjab and North-West Frontier Province were lowest, while the rate in Lower Burma was the highest. In October the Bombay death-rate was highest and the Madras death-rate lowest, and in the following month the rate was lowest in Coorg. December was the month of highest mortality in Bengal, Assam, the United Provinces and Upper Burma.

In all provinces except the United Provinces, the Punjab, the North-West Frontier Province, Coorg, Bombay and Ajmer-Merwara the male death-rates were the higher, the excess of female mortality being most remarkable in the Punjab and the United Provinces, where it amounted to 9·9 and 2·44 per mille, respectively.

Cholera was most fatal in Bengal (death-rate 1·85 per mille) and Assam (1·06), and was entirely absent only from Ajmer-Merwara and Coorg. Small-pox was present in every province, but the death-rates were in excess of ·30 per mille only in the North-West Frontier Province (·78) and the Punjab (·48). Indigenous plague was absent from the North-West Frontier Province, Assam and Burma; elsewhere the highest death-rates were 19·71 in the Punjab, 12·12 in Bombay, 3·75 in the United Provinces, 3·43 in the Central Provinces and Berar and 1·01 in Bengal. Respiratory diseases are very badly reported, and the only considerable death-rates were 3·22, 2·66 and 1·22 in Bombay, the Punjab and the Central Provinces and Berar. The death-rates from dysentery and diarrhœa were highest in Bombay (3·33), Assam (2·21), the Central Provinces and Berar (2.14), Madras (1·3) and Lower Burma (1·27); and the highest rates recorded under "fevers" were 23·92 in the United Provinces, 22·45 in Coorg, 22·30 in the North West Frontier Province, 22 23 in Bengal and 21·83 in Ajmer-Merwara.

In the following paragraphs will be found the more important details of registration in the different provinces.

78. The monsoon rains began late, weakened in August, and were deficient in all divisions of the province in September, and although the total rainfall of 1904 was greater than the rainfall of the previous year in 31 districts, the early cessation of the monsoon rains affected the agricultural outturn in many parts of the province and led to a deterioration in the public health in the last quarter of the year. Bengal.

The population under registration in Bengal according to the 1901 census is 74,428,193 and among them in 1904 there were registered 3,170,440 births, equal to a birth-rate of 42·59 per thousand, as compared with 39·00 in the preceding year and 39·13 the quinquennial mean.

The increase in the birth-rate, which is the highest yet registered, and approaches the rate, 43·9, estimated by Mr. Hardy as having occurred during the last intercensal period, is attributed in part to the good health of the people in 1903 and in part to improvement in registration; but that further improvement is possible is suggested by the great difference that exists between the highest and lowest district birth-rates, which ranged between 56·81 in Palamau, 56·55 in Hazaribagh and 51·59 in Malda and 34·52 in Jessore, 33·51 in the 24-parganas and 17·98 in the urban district of Calcutta. The contrast between the rates in the towns is still more striking, the highest rates being 64·57 in Jamalpur, 59·74 in Bally and 57·30 in Nawabgunj, while rates below 20 per mille were registered in twenty-nine towns including Burdwan (19·78), Chittagong (12·64) and Nasirabad (7·09).

The mean percentage of male to female births was 105, the district percentages ranging from 111 in Howrah, 24-Parganas, and Chittagong, to 102 in Jalpaiguri, Gaya, Hazaribagh, Ranchi, Palamau and Singhbhum.

The number of deaths recorded was 2,415,423, the death-rate being 32·45, as compared with 33·33 in 1903, and a quinquennial mean of 32·51. As compared with 1903 there was a fall of 65,726 in the total number of deaths, cholera, small-pox and dysentery and diarrhœa having been less prevalent. Among the districts exceptionally high death-rates were recorded in Patna 50·59 where plague caused a death-rate of 16·0 per mille, Rajshahi, 42·74, and Jessore 42·46, both districts in which cholera and fever were very prevalent; while the lowest district death-rates were 22·17 in Ranchi, 19·80 in Manbhum and 17·61 in Singhbum. The mean death-rate in rural areas was 32·32 as compared with a mean of 34·82 in the towns, among which the highest rates were 90·70 per mille in Hajipur, a town in the Muzaffarpur district where 51·26 per thousand died of plague, 85·45 in Gaya and 81·24 in Tikari, in the Gaya district, in both of which plague was very severe; and the lowest 7·81 in Muktagachha, a small town in the Mymensingh district.

The Muhammadan death-rate, 34·15, was the highest, closely followed by the Hindu rate, 32·11, while Other Classes, Buddhists and Christians died at the rates of 22·40, 21·15 and 18·68 per thousand, respectively. By far the highest monthly mortality occurred in November and December, and the lowest occurred in June and July.

The infantile mortality was 194·9 among males and 177·8 among females; boys and girls between one year and five years of age died at the rates of 49·29 and 43·57, respectively; in all age periods except 15-20 and 20-30 the male death-rates were the higher, the death-rates of the sexes being 33·77 per thousand among males and 31·13 among females.

Port of Calcutta.

79. During the year 20,224 European seamen arrived in the port, the average daily population being 1,128, and among them 12 deaths occurred, including five from cholera. The average native floating population is estimated at 29,768. The number of deaths among them in 1904 was 112, a ratio of 3·76 per mille, against 5·93 in the previous year. Of the deaths 44 were due to cholera and 25 to fever. There was only one death from small-pox, and there was no death from plague.

Assam.

80. Registration in Assam, especially in the towns, is still defective, but important modifications of the existing system in both urban and rural areas, which it is believed will improve matters, are in course of being introduced or are under consideration.

In 1904, among the population of 5,275,706 under registration in Assam there were registered 187,539 births, which gives a birth-rate of 35·55 per thousand, as compared with 35·57 in the preceding year, and a quinquennial mean of 34·44. As usual the highest district birth-rate was registered in Goalpara, 46·58, and this was followed by rates of 37·73 in Sylhet and 36·54 in Cachar. The lowest district death-rate was 28·38 in Lakhimpur, but this was considerably higher than the mean rate in the tea gardens which was 26·74 per thousand. The mean registered birth-rate in the towns was 29·30 per thousand, as compared with 28·24 in 1903. The average percentage of male to female births was 106·59, the extremes in the districts being 111·07 in Cachar and 103·84 in Darrang.

The total number of deaths was 136,392, equal to a death-rate of 25·85 per mille, as compared with 26·55 in 1903 and 28·66 the mean of the previous five years. In every district the death-rate was lower than the birth-rate, the highest death-rate being 33·22 in Darrang and the lowest 17·81 in Kamrup. In rural areas the average death-rate was 25·85, which was fractionally higher than the mean urban rate of 25·80 per thousand. Among the towns the highest death-rates were 37·98 in Mangaldai and 37·65 in Tezpur, and the lowest were 12·70 in Hailakandi and 10·48 in Maulvi Bazar. Among the tea-garden population the death-rate was 22·01 against 24·06 in 1903. By far the highest death-rate was registered among ' Other Classes,' 40·74 and the lowest among Christians, 16·01 ; Muhammadans and Hindus died at the rates of 27·96 and 22·57, respectively. February, March and April were the months of lowest mortality, and the death-rates were highest in November and December, when cholera was prevalent. Infants died at the rates of 200·50 and 193·36 per thousand males and females born during the year ; boys and girls between the ages of one year and five years died at the rates of 35·08 and 33·27 per thousand, respectively. At all age periods, except 15-20, 20-30 and 30-40, the male death-rates were the higher, but the mean death-rate of males, 25·93, was only very slightly greater than the mean death-rate of females, 25·77.

Tea-gardens.

81. The statistics relating to the tea-gardens in Assam cover the twelve months ending on the 30th June 1905, during which the mean annual strength rose from 654,021 to 660,700, of which 39·11 per cent. were employed in the Surma Valley and 60·89 per cent. in the Assam Valley. The birth-rate during the year was 28·4 per thousand of the strength, and 92·1 per thousand calculated on the number of adult females, as compared with 28·9 and 93·4, respectively, in 1903-04.

The registered death-rate fell from 24·0 per mille in 1903-04 to 22·9 in 1904-05, the total deaths numbering 15,145, among which were included 2,395 from diseases of the respiratory organs, 2,130 attributed to malaria fevers, 1,665 attributed to anchylostomiasis, 1,661 from diarrhœa, and 813 from cholera. There was a uniform improvement in the death-rates of coolies from all the recruiting areas, but the mortality of coolies from the Central Provinces, 35·69 per thousand, was again excessive. The number of unhealthy gardens, that is gardens in which the death-rate was 70 per mille or over, was six out of a total of 776, against five out of a total of 781 in the previous year. There were 16 deaths among coolies travelling to the Assam Valley, the same number as in 1903-04, and eight of the deaths were ascribed to cholera. No death occurred among coolies in transit to the Surma Valley or at the Sylhet depot.

United Provinces.

82. The number of births registered in the United Provinces in 1904 was 2,225,757, or rather more than 25,000 in excess of the total of 1903, and the birth-rate was 46·67 per thousand, as compared with 46·13 in the previous year, and 44·35, the quinquennial mean. Except in Muttra, Farrukhabad and Ballia, where the mortality was high, the birth-rates were everywhere greater than the death-rates, the highest birth-rates being 60·71 recorded in Hamirpur, 57·26 in Jalaun

and 56·99 in Jhansi; while the lowest were 39·15 in Ballia, 36·04 in Naini Tal and 27·73 in Dehra Dun. The mean urban birth-rate was 41·24, composed of rates ranging from 66·62 and 62·49 in Mau Ranipur and Nagina, respectively, to 21·58 in Mainpuri, and 15·72 and 9·16, respectively, in the hill stations of Naini Tal and Mussoorie. The percentage of male to female births in the provinces generally was 107·86, the percentages varying in the districts between 111·69 in Banda and 102·66 in Garhwal. In Dehra Dun, where the birth-rate, as we have seen, was low, the exceptional percentage of 124·13 was registered.

The recorded deaths aggregated 1,654,949, more than a quarter of a million fewer than in 1903, and the death-rate was 34·70 per thousand against 40·28 in the previous year and 33·50 the mean of the previous five years. The deaths from plague numbered 179,082, but the number of deaths registered under the heading 'fevers' was less by 177,490 than in 1903. The highest district death-rates were 49·43 per thousand in Farrukhabad, 46·15 in Muttra and 43·61 in Lucknow; and the lowest were 24·96 in Almora, 24·44 in Banda and 20·76 in Dehra Dun. In rural areas the average death-rate was 33·60, while in the towns, in many of which plague was severely epidemic, the mean death-rate was 49·10, the rates ranging in individual towns from 149·03 in Mubarakpur, a small town in Azamgarh district, to 23·34 in Ramnagar. The mean urban death-rate from plague was 12·80 per thousand, compared with 3·06 in rural areas. Muhammadans and Hindus died at the respective rates of 56·39 and 34·53 per thousand; 'Other Classes' and Christians at the rates of 22·74 and 9·32. The highest mortality occurred in December and the lowest in July.

Male infants died at the rate of 227·3, and females at the rate of 225·9 per thousand born during the year, the reduction as compared with recent years being in part due to the lessened mortality from measles. Boys and girls over one year and under five years of age died, respectively, at the rates of 55·42 and 57·54 per thousand. Only in infancy and in the age periods over 40 were the male death-rates the higher, the mean death-rates of the sexes being 33·52 among males and 35·96 among females.

Punjab.

83. The total number of births registered in the Punjab was 834,049, or about twenty-nine thousand fewer than in the previous year, and the birth-rate was 41·5, as compared with 42·9 in 1903, and a quinquennial mean of 41·4. Among the districts the highest rates were registered in Gurgaon 46·8, Delhi 46·5 and Sialkot 46·1; and the lowest in Shahpur 35·1, Dera Ghazi Khan 34·7 and Simla 17·6 In rural areas the mean birth-rate was 42·0, and in the towns the mean was 39·0. The percentage of male to female births was 109·9, and the percentages varied in the districts between 118·7 in Dera Ghazi Khan and 105·1 in Delhi, but among the small number of births recorded in the Simla district the percentage was 130·5.

The total number of deaths recorded, including 396,357 from plague, was 986,458 or about one thousand more than in 1903, and the death-rate was 49·1, or ·1 per mille higher than the rate recorded in 1903, and 8·4 per mille in excess of the quinquennial mean. The highest death-rates were 97·3 in Shahpur, 79·4 in Sialkot and 79·2 in Gurdaspur, all districts in which plague was terribly prevalent, and the lowest 21·7 in Dera Ghazi Khan, 21·5 in Montgomery and 18·3 in Simla, districts in which the plague mortality was very small. In rural areas the mean mortality was 49·31 as compared with 46·74 in the towns, among which the rates ranged from 145·42 in Hodal, 124·65 in Miani, small plague stricken towns in the districts of Gurgaon and Shahpur, respectively, and 95·56 in Palwal, a town of nearly 13,000 inhabitants in Gurgaon, and 16·63 in Kot Mithan in Dera Ghazi Khan. Among the different sects Muhammadans died at the rate of 50·92 as compared with a death-rate of 46·94 among Hindus and 28·15 among native Christians, the excessive Muhammadan death-rate being due to plague. By far the highest mortality occurred in April and May, and the lowest mortality in July and August.

The death-rates among infants were 224 and 229 per thousand of males and females born during the year, respectively; and boys and girls over one year and under five died at the rates of 52·34 and 55·93. At all age periods the female death-rates were the higher, the mean among males being 44·5 and among females 54·4.

North-West Frontier Province.

84. There was a considerable increase in the number of births registered, the total rising from 62,866 in 1903 to 69,544, and the birth-rate from 31·6 per thousand to 34·9, which is 3 per thousand in excess of the quinquennial mean. In the districts the rates varied between 40·6 in Kohat and 32·2 in Hazara and were in every district higher than in the preceding year. The mean percentage of male to female births was 121·4, the extremes in the districts being 137·0 in Peshawar and 108·4 in Hazara. In the Kulachi Division of the Dera Ismail Khan District in which the percentage was 116·3, special enquiries were made to ascertain how far the large excess of male births is due to defective registration and what is the nature of the defects. It was found that 422 births had been registered, and that 144 had been omitted. Of the 422 births registered, 242 were males and 180 were females, a ratio of 134·4 males to 100 females. Of the 144 omitted, 71 were males and 73 females; so that, assuming the investigation to have been thoroughly carried out and no births omitted, the actual percentage of male to female births in the division in 1904 was 123·7. Further investigation is to be made in selected areas in the Kohat and Peshawar districts.

The total number of deaths registered was 56,859, or 320 more than in 1903, and the death-rate, which averaged 24·2 in the last five years and was 28·4 in 1903, was 28·6 in 1904. In the districts, the rates, which ranged from 30·0 per thousand in Dera Ismail Khan to 26·4 in Bannu, were higher in the two districts of Hazara and Peshawar than in 1903. In rural areas the mean death-rate was 28·58 as compared with 28·98 in the towns, in which the death-rates varied between 44·64 in Haripur and 13·55 in Abbottabad. The highest mortality occurred in January and the lowest in August. The death-rate among Muhammadans was 29·23 which is considerably higher than the death-rate among Hindus, 22·01. Male infants died at the rate of 198·35 per thousand born and female infants at the rate of 198·96, figures which strongly suggest the omission to register female births. Boys and girls between the ages of one year and five years died at the rates of 49·94 and 47·86 per thousand, respectively. In all age periods over 5 the female death-rates were the higher, the mean death-rate of males being 27·7 and of females 29·6.

Central Provinces and Berar.

85. The number of births registered in the Central Provinces and Berar was 664,474 and the birth-rate was 53·19 per thousand, as compared with 45·11 in 1903,

and 41·95 the mean of the previous five years. In seven districts the birth-rates were over 60 per thousand, the highest being 66·65 in Betul, 65·05 in Wun and 63·99 in Chhindwara, and in only one district, Raipur, where the rate was 43·85, was a lower rate than 47·0 per thousand registered. The mean birth-rate in rural areas was 54·56 as compared with 40·61 in the towns. The percentages of male to female births ranged from 108·91 in Damoh to 102·84 in Mandla and 101·61 in Buldana, the mean percentage being 104·96.

The number of deaths registered was 400,510 and the death-rate was 32·06 per thousand, as compared with 35·52 in the previous year, and a mean of 37·43 in the previous five years. The highest district death-rate was 47·43 in Burhanpur, and the lowest 22·33 in Sambalpur. In rural areas the mean death-rate was 30·65 as compared with 45·06 in the towns, very many of which suffered severely from plague. January, February and March were the months of highest mortality, and the lowest mortality occurred in July. The Muhammadan death-rate was 38·59 as compared with a rate of 29·23 among Hindus.

The death-rates among infants were 225·45 and 204·86 per thousand males and females born, respectively. Children between the ages of one year and five years died at the rates of 51·84 among males and 46·05 among females. In the age periods 10-15, 15-20 and 20-30 the female death-rates were slightly higher than the male, in all other age periods the male rates were the higher, the mean death-rate among males being 33·56 and among females 30·60 per thousand.

Madras.

86. A slight falling off from 1,165,080 in 1903 to 1,125,751 in the number of births registered in Madras reduced the birth-rate from 31·2 to 30·7 per thousand which is, however, considerably higher than the quinquennial mean, 29·5. The highest district rate was 40·2 in Madras, but this is a purely urban rate, and the next highest district rates were 36·5 in Chingleput and 36·3 in Ganjam, the improvement in the latter being due to the calculation of the rate on the totals of the population whence returns were received instead of the census population of the district. The lowest birth-rates were 27·1 in Coimbatore, 26·9 in North Arcot, and 23·7 in Madura, where registration is bad, especially in zamindar villages. In rural areas the mean birth-rate was 30·5, as compared with a mean of 32·1 in the towns. Among the towns the rates varied enormously, from 52·2 in Sompeta and 51·5 in Vaniyambadi, to 7·5 in Madanapalli, 5 in Rajampet and 4·2 in Vempalli, all three towns of ten to fifteen thousand inhabitants in Cuddapah. The percentage of males born to females in the presidency generally was 104, the percentages varying in the districts between 105·1 in North Arcot and 100·4 in Anantapur. Two districts furnished exceptional ratios, Ganjam 109·2 and Nilgiris 96·8. In rural areas the mean percentage was 103·8 and in towns it was 105·4.

The registered deaths numbered 824,278, including 20,125 from plague, equal to a rate of 22·5 as compared with 22·2 in 1903 and a quinquennial mean of 21·4. The highest district death-rates were 38·8 in Bellary, where plague gave rise to a death-rate of 11·2 per thousand, 38·2 in Madras, and 30·7 in Salem; and the lowest 18·2 in Godaveri, 18·1 in Kistna and 14·9 in Madura. In rural areas the mean death-rate was 21·7 as compared with 28·1 in the towns, among which the highest rates were 71·2 in Adoni in the Bellary District where plague was very severe, 67·7 in Vanyambadi where a death-rate of 24·0 was caused by cholera, and 47·0 in

Rayadrug; and the lowest 5·3 in Nuzvid, 3·6 in Vempalli and 3·1 in Rajampet. The death-rate among Hindus, 22·7, was slightly higher than the death-rate among the much smaller number of Muhammadans, 22·4; Christians, who number 979,594, died at the rate of 17·7, and 'Other Classes' at the rate of 9·7. January, February and December were the months of highest mortality, and October was the month of lowest mortality.

Male infants died at the rate of 192·94 and female infants at the rate of 173·22 per thousand registered births; while boys and girls between the ages of one year and five died at the rates of 26·7 and 25·4 per thousand. In all age periods, except 15-20 and 20-30, the male death-rates were the higher, the mean rates of the sexes being 23·2 among males and 21·7 among females.

Coorg.

87. The number of births registered in Coorg in 1904 was 3,970 and the birth-rate was 21·97 per thousand, against 26·51 in the previous year, and 23·78 the mean of the previous five years. In the districts the rates ranged from 35·57 in Padinalknad to 16·17 in Mercara taluk, the mean percentage of male to female births being 101·42.

The deaths numbered 4,808, equal to a death-rate of 26·62 per thousand, as compared with 31·43 in 1903, and 31·34 the quinquennial mean. The highest district death-rate was 34·13 in Nanjarajpatna taluk, and the lowest 21·72 in Yedenalknad. The mean rural death-rate was 25·49 against 38·82 in the towns, among which the rates varied between 61·87 in Fraserpet and 24·07 in Somwarpet. Hindus died at the rate of 26·42 per thousand and Muhammadans and 'Other Classes' at the rates of 22·56 and 38·96, respectively.

The death-rates of infants were 226·11 and 201·93 per thousand of males and females born during the year; and boys and girls between the ages of one year and five years died at the rates of 31·28 and 28·83, respectively. The mean death-rate among males was 26·61 per thousand and among females 26·63.

Bombay.

88. The number of births registered in the Bombay Presidency in 1904 was 648, 594, the largest number recorded in any year, except 1899, since the beginning of the plague epidemic. The birth-rate was 35·09 per thousand, as compared with 31·22 in 1903 and a quinquennial mean of 30·78. Among the districts the highest rates were 52·51 in Khandesh, 50·43 in Nasik and 49·14 in Panchmahals, districts in which, it may be noted, the plague death-rates were, respectively, 10·98, 18·94 and 10·17 per thousand. The lowest rates were, as usual, recorded in Sind, and were 21·22 in Upper Sind Frontier, 20·64 in Thar and Parkar and 18·48 in Hyderabad. In rural areas the mean birth-rate was 36·36, as compared with a mean of 26·65 in the towns. Of the fifty-six towns, birth-rates over 40 per thousand were recorded in only five, namely Karachi, 51·28, Nasirabad, 46·56, Borsad, 44·07, Dholka, 41·48, and Athni 40·24. In three of these towns plague was exceedingly prevalent, the death-rates from plague being in Athni 49·16, in Borsad 47·23 and in Karachi 26·96. The mean percentage of male to female births was 107·70, the percentages ranging in the presidency proper from 110·39 in Kaira to 102·39 in Dharwar, and in Sind from 134·17 in Hyderabad to 114 in Karachi.

The recorded deaths totalled 764,914, the death-rate, 41·39 per thousand, being considerably lower than the rate recorded in the previous year, 43·91, and much lower than the quinquennial mean of 45·23. The highest district rates were recorded in Bijapur, where a death-rate of 70·81 includes 38·46 from plague, in

Kaira, 60·22, including 26·82 from plague, and Bombay City, 55·63, including 17·76 from plague; while the lowest rates were 15·98 and 12·17 recorded, respectively, in the Sind districts of Hyderabad and Upper Sind Frontier. In rural areas the mean death-rate was 39·31 as compared with 55·21 in the towns, in two of which Nasik (129·59) and Wai (109·66) the rates were over one hundred per thousand.

Hindus died at the rate of 45·40 per mille and Jains at the rate of 37·13, compared with rates of 27·06 among Muhammadans, 25·22 among Parsis and 22·53 among Christians. The highest monthly death-rates were recorded in September, March and October, and the lowest in May and June.

Male infants died at the rate of 201·64 and female infants at the rate of 186·89 per thousand of each sex born; and boys and girls over one year and under five years of age died at the rates of 51·42 and 49·54 per thousand, respectively. In the age periods under five and over forty the male death-rates were the higher, the means for the sexes being 40·92 among males and 41·88 among females.

Lower Burma.

89. The number of births registered in 1904 in Lower Burma was 180,028, and the birth rate was 32·71 per thousand, as compared with 33·54 in 1903 and a quinquennial mean of 34·25, the falling off being ascribed to defective registration. Among the districts the highest rates were registered in Tharrawaddy, 42·04, Thayetmyo, 40·22, and Tavoy 40·13; and the lowest in Thaton, 26·81, and Toungoo, 26·13. The rate registered in the urban district of Rangoon was 17·86, which, although showing improvement, is still evidence of defective registration even when allowance is made for the small proportion of women, and the large floating population of unmarried men. The mean rural birth-rate was 33·66, as compared with 26·54 in the towns, in a few of which such as Myanaung, 42·51, Kawkareik, 42·10 and Thaton, 41·97, the rates were fairly high. The mean percentage of male to female births was 107, the percentages varying in the districts from 113 in Pyapôn to 100 in Thayetmyo.

The registered deaths numbered 123,061 and the death-rate was 22·36 per thousand, as compared with 24·13 in 1903 and 24·11 the five years' mean, the reduction indicating some improvement in the public health but resulting also from bad registration. Among the districts the highest rates were 33·61 per thousand registered in Rangoon, 27·81 in Sandoway and 27·42 in Thayetmyo; and the lowest were 19·56 in Myaungmya, 16·41 in Amherst and 15·74 in Thaton. In rural areas the mean death-rate was 21·25 as compared with 29·98 in the towns among which the highest rates were 46·56 in Kyaiklat, 40·97 in Pegu and 39·06 in Henzada. The death-rates of Burmese, 22·81, Hindus 22·79 and 'Other Classes' 22·71 were nearly the same, while Muhammadans and Christians died at the rates of 17·44 and 15·16, respectively. The highest mortality occurred in August and the lowest in March.

Male and female infants died at the rates of 214·82 and 166·45 per thousand born; and boys and girls over one year and under five years of age at the rates of 25·38 and 22·28 per thousand of the census population. In all age periods, except 30-40, the male death-rates were the higher, the means being 23·62 among males and 20·94 among females.

Upper Burma.

90. The registration of births in Upper Burma is limited to twelve towns of which the census populations aggregate 296,541, among whom in 1904 there were recorded 10,393, equal to a birth-rate of 35·05 per thousand, against 37·48 in 1903 and 36·72 the mean of the previous five years. The rates in the individual towns ranged from 43·72 in Monywa to 26·15 in Yaméthin, and the mean percentage of male to female births was 106.

Deaths are registered among a population of 2,978,058, and in 1904 there were recorded 55,671 deaths, equal to a death-rate of 18·69 per thousand, as compared with 21·80 in 1903 and a quinquennial mean of 20·08. The registered rates in the districts ranged from 30·01 in Kyauksé to 10·71 in Meiktila. In rural areas the mean was 17·32 against 31·13 in the towns, among which the highest rates were registered in Pyinmana, 39·82, Kyauksé 39·75 and Myingyan 38·97; and the lowest 20·42 in Minbu and 20·05 in Yamethin. Burmese, 18·73, Hindus, 18·68, and Muhammadans 18·41 died at nearly the same rate, while the recorded rates among Christians and 'Other Classes' were 9·34 and 17·88 per thousand, respectively. Mortality was highest in December and lowest in April.

Male infants died at the rate of 177·28 per thousand living at the time of the census and female infants at the rate of 124·61; boys and girls between the ages of one year and five years died at the rates of 22·63 and 20·16 per thousand, respectively. At all age periods, save 20-30 and 30-40, the male rates were the higher, the means being 19·43 and 18·03 among males and females, respectively.

Ajmer-Merwara.

91. There was a large increase in the number of births registered, the total rising from 14,061 in 1903 to 15,997 in 1904, and the birth-rate from 29·48 per thousand to 33·54, which is 6·73 higher than the quinquennial mean. In Merwara the birth-rate was 43·25 and in Ajmer 30·66, the percentage of male to female births being 114·21.

The registered deaths numbered 13,149 and the death-rate was 27·57 per thousand, as compared with 28·77 in 1903 and the five years' mean of 53·79; the rate in Ajmer being 28·51 and in Merwara 24·39. The mean rural death-rate was 24·09, and the urban rate 36·90 per thousand. The mortality among Muhammadans, 29·95, was 1·28 per thousand higher than the mortality among Hindus. The highest death-rate was registered in January and the lowest in July.

The death-rates among male and female infants were 211·87 and 215·99 per thousand born respectively; and boys and girls between the ages of one year and five died at the rates of 84·37 and 77·84, per census thousand, respectively. In the age periods from ten to forty the female death-rates were the higher, the mean death-rate of males being 27·26 and of females 27·91 per thousand.

SECTION VI.

GENERAL POPULATION.

HISTORY OF THE CHIEF DISEASES.

92. The accompanying table shows at a glance the number of deaths and the death-rates per 1,000 of population recorded in British territory in India from the chief diseases and all causes during each of the five years from 1900 to 1904. On comparing the figures of the year under review with those of the previous year it will be seen that while in 1904 there was a great increase in the number of deaths attributed to plague there was a considerable diminution in the numbers recorded as due to the other diseases mentioned, and that from all causes taken together there were recorded in British territory 444,653 fewer deaths than in 1903. But for the prevalence of plague, the year was extraordinarily healthy.

Years.	Cholera.	Small-pox.	Fevers.	Dysentery and Diarrhœa.	Plague.	All Causes.
1900	797.222 *3·70*	87,569 *·41*	4,880,665 *22·64*	524,396 *2·43*	73,578 *·34*	8 318,194 *38·6*
1901	271,210 *1·21*	89,385 *·40*	4,174,919 *18·62*	247,190 *1·10*	237,688 *1·06*	6,606,387 *29·46*
1902	224,136 *·99*	115,443 *·51*	4,279,351 *18·95*	235,750 *1·04*	456,975 *2·02*	7,112,336 *31·49*
1903	312,854 *1·38*	93,693 *·41*	4,459,237 *19·66*	273,459 *1·21*	686,485 *3·03*	7,881,125 *34·7*
1904	192,835 *·85*	55,232 *·24*	4,093,981 *18·09*	240,655 *1·06*	940,609 *4·16*	7,436,472 *32·86*

Cholera in India in 1904, Appendix A to Section VI.

93. The number of deaths from cholera recorded in British territory during 1904 was 192,835, equal to a death-rate of ·85 per 1,000 of the total population under registration. If the deaths recorded in the native states from which returns were received be added (Statement I) the total amounts to 193,457. In the previous year 312,854 deaths from cholera were recorded in British territory, giving a ratio of 1·37 per 1,000 of population. The decrease in mortality from this disease during 1904 was shared by all the British provinces except the Central Provinces and the Bombay Presidency: in the former the number of deaths rose from 437 in 1903 to 2,967 in 1904 and in the latter from 1,825 to 13,156. These were the two provinces least affected in the previous year with the exception of the small provinces of Ajmer-Merwara and Coorg, from which no case of cholera was returned in 1903 or 1904. The greatest numbers of deaths from the disease were recorded during 1904 in Bengal, Madras, Bombay and the United Provinces; and the highest death-rates in Bengal, Assam, Bombay and Lower Burma: and in all these provinces except Bombay cholera was present throughout the year. As usual the seasonal prevalence of the disease did not correspond in the different provinces: in Bengal and Assam the greatest numbers of deaths occurred in December, in the United Provinces in June, in Madras in January, in Bombay in August and in Lower Burma in April; and fewest deaths occurred in September in Bengal, in February in Assam, the United Provinces, and Lower Burma, and in October in Madras. In Bengal, which is the chief endemic area, the seasonal incidence differs somewhat in different years, being probably dependent on the time of onset and character of the monsoon, but there are usually two periods of greater prevalence, namely April and December, and the disease is usually least prevalent in September and October.

Recent investigations.

Before considering the statistics of mortality from cholera in the different provinces during 1904, brief reference may be made to some investigations carried out in the early part of 1905 by Dr. F. Gotschlich at the pilgrim quarantine camp at Tor, relating to the finding of vibrios in the intestines of pilgrims who had died from dysentery and other diseases of the intestinal tract while on their return journey from the Hejaz. The following is a summary of the bacteriological and epidemiological observations reported: (1) autopsies were made on the bodies of 107 pilgrims who died of different non-choleraic diseases at Tor and in the intestines of 38, vibrios were found; (2) as regards the vibrios found in 32 of the cases the results of sero-sedimentation tests with a cholera serum obtained from the Berlin Institute of Infectious Diseases were entirely negative, and there was no reason to suppose that these vibrios were related in any way to the true cholera vibrio of Koch; (3) with the vibrios from the remaining six cases positive sero-sedimentation reactions were obtained in high dilutions of the cholera serum, and, on further investigation being made, it was found that in their morphological and cultural characters as well as in the results obtained by carrying out Pfeiffer's experiment these vibrios agreed in all essential respects with each other and with true cholera vibrios; (4) the six pilgrims in whom these vibrios were found were Russians or Turks who had gone to the Hejaz from districts where cholera had been epidemic—similar vibrios were not found in any one who had not gone from a cholera-infected country; (5) the six pilgrims had not presented any symptom of cholera during the time they were under observation in hospital, and after their deaths—which were due in all cases to diseases other than cholera—no sign was found which would indicate that they had suffered from that disease during life; (6) the period of absence of the six pilgrims from their homes until the dates of their deaths was about two months, and during this period they had come to Egypt, had passed under observation for five days at Tor, had gone to the Hejaz and had returned *viâ* Jeddah to Tor. Throughout this time they had apparently been shedding cholera germs broadcast, but no case of clinical cholera was reported either at Tor or in any portion of the pilgrimage area.

As a result of his bacteriological investigations Dr. Gotschlich arrived at the conclusions that the vibrios found in the six pilgrims were identical with the true cholera vibrio of Koch and that, although these pilgrims presented no symptoms of cholera, they should be regarded as carriers of the disease. As a consequence of this pronouncement the Egyptian Quarantine Board, at the instance of the Egyptian Government, established for the Egyptian pilgrims at Tor a period of observation equivalent to that in force for an infected pilgrimage, and decided to depute two bacteriologists to Camaran during the next pilgrimage to study the vibrios which may be present in the intestines of pilgrims from India and the Far East.

If Dr. Gotschlich's conclusions are correct it is extraordinary that no case of clinical cholera should have appeared at Tor or anywhere in the Hejaz during the year, and it seems obvious that further research is necessary both to establish the trustworthiness of the bacteriological methods for the identification of the true germ of cholera, as well as to ascertain whether (if it is true that people who are themselves insusceptible to cholera may yet carry the germs in a virulent condition in their intestines for months) these so-called *porteurs de cholera* are really dangerous to the community.

Cholera in Bengal.

94. In Bengal in 1904 the total number of deaths recorded as due to cholera was 137,701, or 1·85 per mille of the population, as compared with 203,405, or 2·73 per mille in 1903, and 150,971, or 2·02 per mille, in 1902. There was therefore a satisfactory decrease in the mortality from this disease in 1904, but it has to be noted that within the previous eleven years there were four in which a lower mortality than in the year under review was recorded. Two districts, however, were entirely free from the disease in 1904 as compared with none in 1903, and the disease caused a death or deaths in 24,333 villages and assumed an epidemic form in 71 registering circles, as compared with 27,309 villages and 116 registering circles in that year. The disease was most prevalent in the district of Malda in the Bhagalpur division, where 4·39 per mille of the population died from this cause. Other districts in which a high mortality from cholera was recorded were Noakhali in the Chittagong division (4·30 per mille), Jessore in the Presidency division (4·27 per mille), Dacca in the Dacca division (4·22 per mille), and Nadia in the Presidency division (4·12 per mille). Excluding 149 deaths in the three towns of the Malda district, there were altogether 3,737 deaths from cholera in this district. It is said that there were two severe outbreaks, one in April, the other in November, and that they originated chiefly as a result of the deficient rainfall during March and April and again during the last two months of the year. The same seasonal incidence of the disease was observed in Jessore and Nadia and very similar explanations to account for it were given by the Civil Surgeons of these districts. Regarding the prevalence of the disease in the Dacca district the Civil Surgeon remarks:—

> "The usual seasonal incidence and course was observed, that is, the double wave. From June to September, cholera, though present, is in abeyance. With the fall of the rivers in October the wave rises in November and reaches the climax in December, falls in January and reaches a low ebb in February, only to rise again in March, reach its height in April and decrease again in May. The local rainfall has no effect on the incidence or course of the disease which entirely depends on the rise and fall of the rivers, which are not affected by the local rainfall.................An early subsidence [of the rivers] tends to cholera epidemics from a scanty and polluted water-supply, while the temperature is still high."

Disinfection of wells with permanganate of potash was carried out in 18 districts where cholera prevailed. Systematic records of results were not kept, but the Civil Surgeons of several districts reported that such disinfection was usually attended with very beneficial results, and the provincial Sanitary Commissioner was of opinion that if done thoroughly and regularly there could be no doubt of its great value in reducing the number of cases of cholera. He considers that its use should not be delayed until cholera has made its appearance, but should always be commenced when the water in the wells is getting low, and he reports that the people themselves are now beginning to appreciate this method of cleansing wells.

The highest death-rates from cholera recorded in towns were 12·88 per mille in Katwa in the Burdwan district, 11·64 in Sahibgunj in the Sonthal Parganas and 9·79 in Jangipur in the Murshidabad district.

Among the European seamen of the port of Calcutta there were only five deaths from cholera; and there were 44 among the native floating population.

Cholera in Assam.

95. The number of deaths attributed to cholera in Assam during 1904 was 5,588, equal to a ratio of 1·06 per 1,000 of the census population. In the previous year the number of deaths from cholera recorded in this province was 8,360, giving a ratio of 1·58 per mille of population. With the exception of Bengal the death-rate from cholera in Assam during 1904 was the highest among the provinces for the year, but as compared with 1903, there was a decrease in the mortality from this disease in all districts except Sylhet. In the urban and rural areas of this district there occurred 3,683 of the total deaths from cholera recorded in the province during the year, and the death-ratio of the disease was 1·64 per mille as compared with 1·03 per mille in 1903. The disease was widespread in the district, and, as in the majority of districts in Bengal, there were two periods of more severe prevalence, *viz.*, April and November-December, but by far the greater number of deaths occurred in the second period. In the Nowgong district, which had suffered so severely in 1903, there was a great diminution in the prevalence of cholera, only 364 deaths (1·39 per mille of population) being attributed to this cause as compared with 1,757 deaths (6·73 per mille) in the previous year.

The death-rate from cholera among tea-garden coolies was less than that among the general population of Assam, but in certain districts, such as Lakhimpur, Sibsagar, Darrang and Cachar, the tea-garden coolies suffered more than the general population. As regards Lakhimpur, it was thought that this might have been due to infection being brought by newly-imported coolies, but no evidence in support of this opinion was offered.

The number of tea-garden cooly immigrants for the Brahmaputra Valley who arrived by steamer was 19,591 as compared with 26,808 in the previous year. Nine of these immigrants died from cholera either on the steamers or at the riverside depots, the death-ratio (0·46 per mille) being the lowest on record.

Cholera in the United Provinces.

96. The total number of deaths from cholera recorded in the United Provinces during 1904 was only 6,617, equal to a ratio of ·14 per 1,000 of population, as compared with a total of 47,159 and a ratio of ·99 during 1903. With the exception of that recorded in 1898, the death-ratio for 1904 is the lowest on record. In five of the 48 districts no death from cholera was reported during the year, and ten was the highest number reported in any of ten other districts. The only districts where the mortality from this cause was considerable were Gonda in the Fyzabad division (2,022 deaths) and Basti in the Gorakhpur division (1,510 deaths). In both these districts the great majority of the deaths occurred during April, May and June.

The highest death-rates from cholera recorded in towns were 3·33 per mille in Sherkot in the Bijnor district, 3·05 per mille in Hardwar Union in the Saharanpur district and 3·03 per mille in Gonda in the Gonda district. There are in the United Provinces 108 towns with populations of 10,000 or more, and in 69 of these no death from cholera was reported, while in 27 of the remainder the number reported did not exceed ten.

The Magh Mela was held at Allahabad in the beginning of the year, the Dikhauti fair at Hardwar on the 13th of April, and the Dadri fair, at which the attendance on the principal bathing day was probably 750,000, at Ballia in November, but no case of cholera was reported to have occurred at any of these festivals.

Cholera in the Punjab.

97. After two years of almost entire freedom from cholera the Punjab had been severely affected in 1903, when 14,688 deaths from it were recorded. The epidemic, however, declined very rapidly towards the end of the year, and in 1904 the province was again comparatively free from the disease, only 716 deaths having been recorded. Although the death-ratio per mille of population, *viz.*, ·04, is so low, it is higher than in five of the nine previous years. During 1904 no death from the disease was reported in ten of the 28 districts, and 14 was the highest number recorded in any of 12 other districts. The disease caused most deaths in the Hissar and Hoshiarpur districts, *viz.*, 228 in the former (·29 per mille of population) and 135 in the latter (·14 per mille) : in the Hissar district all the deaths occurred in June and in the Hoshiarpur district in the period from June to September.

There are about 33,000 towns and villages in the Punjab, and during 1904 a death or deaths from cholera were recorded in only 107. The highest death-rate recorded in towns was 3·11 per mille in Hoshiarpur. The total number of deaths from which this ratio is derived was 53, and of the remaining 35 deaths recorded in municipal towns 12 occurred in Lahore, 3 each in Jullundur and Amritsar and 2 in each of six other towns.

Cholera in the North-West Frontier Province.

98. In 1903 there were reported 1,354 deaths from cholera in the North-West Frontier Province, but in 1904 it was practically free from the disease, only one death being reported from a village in the Hazara district.

Cholera in the Central Provinces and Berar.

99. In the Central Provinces and Berar the total number of deaths recorded as due to cholera in 1904 was 2,967, or ·24 per mille of the population, as compared with a total of 437 and a ratio of ·03 in 1903. Of the total number in the year under review 754 were recorded in the Central Provinces and 2,213 in Berar. The disease was confined almost entirely to Berar and to the Wainganga division of the Central Provinces, and the provincial Sanitary Commissioner states that the writers of district reports were practically unanimous in ascribing the introduction of the disease to infected pilgrims returning from the Pandharpur fair in Bombay. The same origin was attributed to an outbreak among native troops at Sirur. (See Section III.) The fair began on the 15th of July, and almost all the deaths from cholera among the general population of the Central Provinces and Berar occurred during the two following months. It was said that in some instances pilgrims returning by train to Berar from the Bombay Presidency were found to be suffering from cholera, and that in some instances the railway arrangements left a good deal to be desired.

The highest death-rates from cholera recorded in towns were 4·50 per mille (30 deaths) in Nandura, 4·32 per mille (23 deaths) in Mehkar and 4·29 per mille (27 deaths) in Deulgaon Raja, all in the Buldana district of Berar; and the largest number of deaths in any town was 66 at Akola, also in Berar.

Cholera in the Madras Presidency.

100. In the Madras Presidency there were 23,109 deaths recorded as due to cholera in 1904, giving a ratio of ·6 per mille of population, as compared with a total of 27,393 and a ratio of ·7 per mille in 1903. The ratio for the year under review is the lowest since 1895. A death or deaths from cholera were reported from 246 of the 417 registering circles, from all except one of the 23 districts and from 3,434 of the 43,015 villages in the presidency, but the disease was chiefly prevalent in the Tanjore, South Arcot and Salem districts, the death-rates in these three districts being respectively 2·8 per mille, 2·1 per mille and 1·6 per mille. January, February and March were the months of greatest prevalence, and this applies not only to the Presidency as a whole, but also to nearly all the districts considered separately. In the Bellary district, however, fourteen of the fifteen deaths recorded occurred in November and one in December, in the Ganjam district 19 of the 114 deaths in November and 75 in December and in the Godavari district four of the five deaths in September and one in November.

The towns in which the highest death-rates from cholera were recorded were Vaniyambadi (24·0 per mille) in the Salem district, Arcot (12·1 per mille) in the North Arcot district, Tirukkoyilur (8·9 per mille) in the South Arcot district and Nellore (8·0 per mille) and Alluru (7·8 per mille), both in the Nellore district. The death-rate recorded in the town circles of the Presidency was ·9 per mille and in the rural districts ·6 per mille.

Cholera in Coorg.

101. In 1901 fifty-eight deaths from cholera were recorded in the small province of Coorg, but since that year it has been free from the disease.

Cholera in the Bombay Presidency.

102. After two years of comparative freedom from cholera, the disease was again during 1904 prevalent in the Bombay Presidency, being responsible for 13,156 deaths or a ratio of ·71 per mille of population as compared with 1,825 deaths (·09 per mille) in 1903. From the report of the provincial Sanitary Commissioner it seems probable that the dispersal of the pilgrims from Pandharpur fair, where a severe outbreak of cholera had occurred, was the main cause of the widespread epidemic in 1904. The fair began on July 15th and was attended by about 300,000 people: cases of cholera were reported on the 24th, and by the 27th of the month 270 cases and 250 deaths had been recorded. On this date the fair was closed and the dispersal of the pilgrims began. In the central registration district, where Pandharpur is situated, no case of cholera had been reported up to the end of June, but in July no fewer than 1,053 deaths were recorded and in August 4,520. In other parts of the Presidency the disease also became epidemic about this time, 2,358 deaths being recorded in August in the Western registration district and 474 in the Southern. In November and December the epidemic rapidly declined, and during the latter month only 116 deaths were reported in the whole Presidency. Only four deaths from cholera were recorded in the Gujarat registration district and only three in Sind and the districts of Sholapur and Poona, with death-rates of 3·92 and 3·14 per mille, respectively, were those chiefly affected.

Deaths from cholera were recorded in 25 of the 56 town-circles in the Presidency, the highest rates being 26·23 per mille in Pandharpur (850 deaths), 7·47 per mille in Chopda (139 deaths), 5·94 per mille in Mahad (46 deaths) and 4·20 per mille in Poona (506 deaths). In the city of Bombay 216 deaths were recorded as compared with 17 in the previous year.

103. In Lower Burma during 1904 there were recorded as due to cholera 2,472 deaths, equal to a ratio of ·45 per mille of population, as compared with 5,346 or ·97 per mille from the same cause in 1903. Deaths from cholera were recorded during each month of the year, but the highest number occurred in April and the fewest in February. The highest death-rate recorded in districts was 2·50 per mille (222 deaths) in Mergui in the Tenasserim division. It was said that in this district the disease began in April at a large festival held at Tenasserim. In towns the highest death-rates were 6·14 per mille in Wakema, 5·05 per mille in Danubyu and 4·46 per mille in Pegu. The total number of persons reported to have been attacked with cholera was 3,369, with a case mortality of 88 per cent.

Cholera in Burma.

In Upper Burma the total number of deaths recorded as due to cholera during 1904 was 508 as compared with 2,887 during 1903. The highest mortality occurred in the Yamethin district where there were 250 deaths, or a ratio of 1·03 per mille of population. The highest death-rate recorded in towns was 5·58 per mille in Myingyan, where there were 90 deaths.

104. No death from cholera was recorded in the small province of Ajmer-Merwara during 1904, and it had also been free from the disease in 1903.

Cholera in Ajmer-Merwara.

105. The total number of inoculations performed at the Purulia depot in Bengal during the year was 1,243 as compared with 1,904 in the previous year and 3,144 in 1902. In addition 380 operations were performed at the inoculation depot at Asansol. The record of results is, as usual, incomplete, but it appears that out of 614 uninoculated coolies who travelled on the steamers to Assam six were said to have been attacked with cholera, three of the cases proving fatal; while no case of the disease occurred among 75 inoculated coolies who were on board these steamers. Since the close of 1904 anti-cholera inoculation has been discontinued at the instance of the Chief Commissioner of Assam.

Anti-Cholera inoculation.

106. From the marginal statement in the first paragraph of this section it will be seen that in British territory in India the death-ratio per 1,000 of population from small-pox fell from ·41 in 1903 to ·24 in 1904. The mean ratio for the quinquennial period from 1899 to 1903 (Appendix B) was ·39 per mille. The total number of deaths recorded during 1904 was 55,232 against 93,693 in 1903 and 115,443 in 1902. As compared with the previous year, the greatest falls in the death-rate occurred in the United Provinces and in the North-West Frontier Province, but the rate was lower in all provinces except Assam, Lower Burma, the Bombay Presidency and Ajmer-Merwara.

Small-pox. Table I of Appendix B.

In Bengal there was again recorded a satisfactory decrease in the number of deaths from small-pox, *viz.*, from 30,459 (·40 per mille) in 1903 to 17,330 (·23 per mille) in 1904. The decrease was confined to rural areas; in towns there was recorded a slight increase in the number of deaths from this cause. The disease was severe and widespread in the Jalpaiguri district, a result, it is said, of the strong opposition to vaccination offered by the people in some of the *thanas* in this district.

In Assam small-pox was the cause of 1,559 deaths (·30 per mille) in 1904 as compared with 1,111 (·21 per mille) in 1903. The increase occurred in the districts of the Brahmaputra Valley, in all of which, with the exception of

Goalpara, considerably higher death-rates were recorded than in the previous year. In the district of Nowgong, which was most severely affected, the death-rate was 3·49 per mille as compared with ·52 in 1903, and it was said that in this as well as in some other districts certain sections of the people refuse vaccination, under the belief, in some cases, that vaccination would arouse the displeasure of the goddess of small-pox. The Civil Surgeons of Cachar, Sibsagar and Lakhimpur noted that in the minds of the village reporting agents there was much confusion between small-pox and measles, and the Civil Surgeon of the last of these districts believed that nearly all the deaths attributed to small-pox were really due to measles.

In the United Provinces 6,998 deaths were attributed to small-pox as compared with 21,950 in 1903. The ratio (·15 per mille of population) although so much lower than in 1903 is higher than in six of the nine preceding years. The districts of Lucknow, Sitapur, Fatehpur and Hamirpur were practically free from the disease, and no death from it was recorded in 63 of the 108 towns with a population of 10,000 and upwards.

In the Punjab 9,624 deaths from small-pox, equal to a ratio of ·48 per mille of population, were recorded during 1904 as compared with a total of 15,635 and a ratio of ·78 per mille in 1903. In 18 of the 20 districts the death-rate from this disease was below the mean ratio of the preceding five years, but it was much higher in all the districts of the Delhi division excepting Simla and Delhi; and in the district of Gurgaon, where it is said vaccination is less popular than in the central parts of the province, the high ratio of 2·35 per mille was recorded. The lowest death-rate during the year was recorded in the Kangra district, where the vaccination record is best. The death-rate from small-pox in municipal towns was more than double that in rural circles.

In the North-West Frontier Province the death-rate from small-pox was ·78 per mille of population as compared with 1·35 per mille in 1903. The total number of deaths recorded from the disease was 1,561, and of this number no fewer than 1,293 were children under 10 years of age. The Vaccination Act is in force in three of the ten towns as compared with two in 1903.

In the Central Provinces and Berar there were recorded 2,026 deaths from small-pox during 1904 against 2,130 during 1903. The decrease was confined to the returns from the Central Provinces, and the number of deaths recorded in Berar was more than twice as great as in the previous year. The provincial Sanitary Commissioner says it may be safely assumed that deaths from small-pox are often attributed to measles or chicken-pox, and that the ordinary villager is apt to confuse these three diseases.

In the Madras Presidency the number of deaths recorded as due to small-pox was 9,891 (·3 per mille) as compared with 15,015 (·4 per mille) in 1903. The death-ratio was higher than in the previous year in only two of the 23 districts.

In the Bombay Presidency the number of deaths from small-pox recorded in 1904 was 4,289 (·23 per mille) as compared with 2,732 (·15 per mille) in 1903, this being one of the few provinces in which a considerable increase in the number of deaths from this disease occurred. The ratio is higher than in six of the nine preceding years. Greater facilities for vaccinating with preserved lymph were given in the southern registration district, and a scheme for its further extension throughout the Presidency was submitted to the local Government.

In Lower Burma the recorded number of deaths from small-pox rose from 1,266 in 1903 to 1,311 in 1904, but in Upper Burma the recorded mortality from this disease decreased.

In Ajmer-Merwara 129 deaths from small-pox were recorded during 1904, and in Coorg 16 deaths.

Plague.

107. The number of deaths recorded as due to plague in India from the commencement of the outbreak in the autumn of 1896 to the end of 1904 reached the enormous total of 3,263,810, of which 2, 609, 551 occurred in the British provinces and 654,259 in Native States.

In the following paragraphs I propose to represent some of the difficulties which complicate the plague problem in India ; to notice the special enquiries that have been recently instituted ; to describe briefly the progress and regional distribution of the epidemic in the British provinces ; to summarise what appear to be the most important recent laboratory researches into the epidemiology of the disease ; to set forth particulars regarding the etiology of plague in India ; to describe the administrative measures taken against it ; and, finally, to give the more important statistical details regarding its occurrence in the British provinces.

The problem.

108. Much kindly advice and some unkindly criticism has been offered in the public press and elsewhere to the Government of India regarding their plague administration. Advice and criticism are often helpful, but in some cases it is evident that the writers have no knowledge of the conditions of native life in this country, and that their imaginations have not been equal to the task of even partially realising the difficulty of dealing with a disease which attacks not only man, but also animals which exist in enormous numbers in close association with him. The critic is apt to forget the extent of the Indian continent, and the heterogeneous multitude of the Indian populace; he often has little knowledge of the habits and surroundings of the people; and does not always regard the difficulties inherent in the administration of oriental races.

It is one thing to deal with epidemic disease among Europeans who are sufficiently educated to understand the object of measures taken for their own advantage, and live surrounded by all the aids to such measures lent by modern sanitary appliances ; it is quite another matter to deal with it among orientals whose terror of such measures leads them to oppose them in every way, and generally amid surroundings which could not be more favourable to the spread of the disease if they had been specially devised to that end. It is not easy to deal with a religious tenet that forbids the holder to leave an infected place, with a tenderness for animal life that will not sanction the destruction of a deadly serpent, with ignorance that is convinced that plague is introduced and fostered by Government in order to reduce a redundant population, with suspicion that sees the disseminating agents in every disinfecting party, or with timidity that may be turned by an ill-considered action to fanatical frenzy.

Railway inspection is readily evaded by a people regardless of time and accustomed to travel on foot. Rules for the notification of disease that are misunderstood and cannot be enforced are of little avail. The segregation of the sick in hospital is naturally resisted by ignorant people who hear of the deaths of the majority of those near and dear to them who are taken there to be treated in accordance with a system in which they disbelieve. The voluntary segregation of contacts is almost impossible among a floating population of whom few have any tie to a particular dwelling. The evacuation of an agricultural village in fine weather is easy, but before a town can be evacuated dwellings must be provided for the evicted people and their property must be protected; and it is expecting much to ask them to live in temporary shelters in the season of torrential rain. The destruction of rats on a large scale can be effected only if the people can be persuaded to help; and the measure has to be abandoned if persistence in it threatens to lead to a riot.

The mud huts of the people favour the spread of plague, but they are built of mud because that is generally the only material the builder can obtain. The thorough disinfection of such houses is often impossible, and the measure is unpopular, because the inconvenience which it inevitably causes is so frequently followed by failure. The poorer classes have few possessions, but the fewer they are the greater the dread of their loss or injury, and the keener the anxiety to keep them in sight and avoid their being disinfected.

The administrators are necessarily few in number and the subordinates to whom much of the immediate dealing with the people must be entrusted are too often corrupt; venality is no monopoly of the Indian official underling, but in this country venality has the peculiarity of being sanctioned by custom and, therefore, of being unresisted. The difficulty of fathoming the motives of natives in abnormal circumstances of suspicion and terror is very great, and in the beginning of an outbreak of plague the people generally dread the preventive measures of Government far more than the disease.

When plague first appeared in Bombay, the epidemic was treated in the modern western fashion; large numbers of medical officers and subordinates were hurried to the spot; British and Native troops were employed in disinfecting operations, and the preventive measures carried out with extraordinary energy and thoroughness were, save that no destruction of rats on a great scale was attempted, similar to those recently recommended to the Government of India. These measures succeeded here and there when the natural conditions and the circumstances in which the outbreak occurred were peculiarly favourable, but everywhere else they failed, and were gradually abandoned, some of them on the recommendation of the Indian Plague Commission, others, one by one, as their inefficacy or harmfulness became apparent. It was recognised that without at least the assent of the people such measures more often did harm than good, and while arrangements were made to afford organised assistance to all communities willing to deal with plague, coercion was abandoned. It is easy to be wise after the event, and it is possible to argue that some measures which were abandoned after being shewn to be harmful in one place might have been usefully retained elsewhere, but experience goes to prove that in the main the safest course was adopted.

It is evident that plague could not be stamped out in India as it can be stamped out in a European seaport, and the results of the sustained efforts made in Bombay city by a large staff under the very capable direction of Dr. Turner, the Health Officer, illustrate the extreme difficulty of the problem. Enormous efforts have been made and great expenditure incurred, and although it is the universal belief that these efforts have done much good, this opinion is supported rather by *a priori* considerations of what might have been the state of affairs if no such efforts had been made than by any apparent results achieved in reducing the prevalence of plague.

Special Enquiries; Plague Investigation Committee.

109. In the early days of plague in India, as we have seen, the most strenuous efforts were made to deal with it as it would have been dealt with in a European country, but these efforts only too frequently led directly to the very misfortunes it was desired to avert. When it became evident that without the help of the people themselves it was impossible to deal effectively with the disease, a policy of persuasion and assistance was substituted for the more rigorous measures; but this also failed to prevent the extension of the disease, although some measure of success was achieved in many places. While knowledge of the epidemiology of the disease was increasing rapidly and a great deal of useful work was done in laboratories in India and elsewhere, there remained gaps in our knowledge regarding the natural history of the disease, that it was most desirable to fill up, especially for administrative reasons, as it was felt that if knowledge was more complete, greater precision could be lent to such administrative measures as could be adopted. In the autumn of 1904, therefore, the Government of India addressed the Right Hon'ble the Secretary of State and asked him to engage the services of two or three of the best experts available in Europe, British or foreign, in order that they might be sent to India for the purpose of undertaking further investigations. As a result of this representation, the Secretary of State replied that, on the recommendation of the Royal Society and the Lister Institute, he proposed the constitution of a committee representing those bodies and the India Office, and the grant of £5,000, renewable annually, for the purposes of the research which it was proposed should be undertaken under the direction of the committee by two experts chosen and paid by the committee and two skilled bacteriologists belonging to the Indian Medical Service. These proposals were accepted by the Government of India, and a committee was appointed consisting of the following members :—

Surgeon-General Branfoot, C.I.E., I.M.S.	... ...	President.
Sir Michael Foster, K.C.B., F.R.S.	... ...	Royal Society.
Professor J. Rose Bradford, M.D,, F.R.S.	... ...	
Colonel David Bruce, R.A.M.C., F.R.S.	... ...	Lister Institute.
Dr. C. J. Martin, F.R.S.	... ...	

The committee decided that Dr. Martin should visit India to confer with the authorities there regarding procedure and to initiate the work.

Dr. Martin arrived in India early in April 1905, and was followed in May by Drs. Rowland and Petrie, the experts chosen by the committee. After visiting Kasauli, Dr. Martin decided to commence work at Parel near Bombay, where the Plague Research Laboratory offers special facilities.

In May the Government of India placed Captain Liston's services at the disposal of the committee. Dr. Martin having resolved to remain in Bombay during the summer, he dispensed with the services of the second officer of the Indian Medical Service during his stay. Shortly before his departure on the 14th of October 1905, the services of Captain Lamb, the second Indian Medical Service officer, were placed at the disposal of the committee. Before his departure Dr. Martin represented the desirability of further assistance being given, and Captain Gloster, I.M.S., was deputed to work in the Punjab under the orders of the committee.

Collective enquiry.

110. In the meantime, it was resolved to collect the results of experience obtained in this country in the practical administration of plague-infected areas; and all local Governments and Administrations were accordingly requested to obtain reports, based as far as possible on their personal experience, from selected civil and medical officers serving under their orders, regarding the conditions which affect the origin and spread of plague, the conditions which in their opinion principally determine the character of the measures to be adopted against it, the degree of success which has attended those measures, and the causes of relative success or failure, and to forward the reports with any comments they saw fit to make to the Government of India. Many most valuable reports were received, and free use of the materials supplied in them has been made in preparing a part of this section. The main features of the reports are the general belief that the rat plays a pre-eminent part in the spread of plague, and that the disinfection of houses is of very limited use.

Plague in the British Provinces of India.

111. Plague appeared in Bombay in August 1896, and during that year the disease was confined to the Bombay Presidency; although imported cases terminated fatally in a large number of places and there were outbreaks of indigenous plague in Thana and Karachi, all but 283 of the 2,219 reported deaths occurred in the city of Bombay. In 1897, the number of reported deaths rose to 48,086, of which 47,710 were reported in the Presidency of Bombay, most of the remainder occurring in the Punjab, the United Provinces, Central India and Rajputana. In the following year the number of deaths reported was 89,265; the disease was still mainly confined to Bombay, where 86,191 deaths were reported, but considerable numbers of deaths occurred in the Punjab (2,019), Madras (557), Bengal (219), the United Provinces (148), and the Central Provinces (131). In 1899, the total number of deaths rose to 102,369 of which 96,596 occurred in Bombay; and while the number of deaths rose in Bengal to 3,264, in Madras to 1,658, and in the Central Provinces to 584, the numbers fell in the Punjab to 255, and in the United Provinces to seven. The conditions of 1900 were extraordinary; famine was widespread owing to the defective rainfall of the previous year when the Arabian Sea monsoon failed; the monsoon rainfall was again defective in Western India, and in consequence the temperature in June, July and August was abnormally high over the whole area dependent on the Bombay monsoon current. The total number of plague deaths reported was 73,576, the number in Bombay falling to 33,196, a figure little more than one-third of the total of the previous year; and there was a similar fall in Madras to 664. On the other hand, the number of deaths reported in Bengal rose to 38,412, in the Central Provinces to 590, in the Punjab to 572 and in the United Provinces to 135. The death-rate from all causes in Bombay in 1900 exceeded 70·0 per mille, and it is probable that many deaths from plague may have been attributed to some other disease; still, there was a reduction in the plague mortality, most marked in the latter part of the year, in every district except Karachi; in most districts the registered mortality of 1900 was only a fraction of that of the previous year; from a few districts the disease seemed to disappear entirely, and in nearly half of the affected districts the plague mortality of 1901 was less than it had been in 1899. In 1901, the number of plague deaths rose to 236,433; Bombay was the greatest sufferer with 128,259 deaths, and there was a great increase of the disease in Northern India, the deaths in

Bengal numbering 78,629, in the Punjab 16,720 and in the United Provinces 9,778. In Madras also the number of deaths increased to a total of 3,035, but in the Central Provinces only nine deaths were recorded. In 1902 the number of deaths rose to 452,865, including 184,752 in Bombay, 175,645 in the Punjab, 43,487 in the United Provinces; in Bengal the registered number fell to 32,967, the fall being, at any rate in part, due to bad registration; in Madras there was a sudden rise to 11,362; in the Central Provinces the deaths rose to 459, and in Berar, which had hitherto escaped, there were 4,188 deaths. In 1903, the number of deaths reported was 684,445, the total rising in Bombay to 281,269, in the Punjab to 192,068, in the United Provinces to 80,729, in Bengal to 65,680, in the Central Provinces to 35,335, in Berar to 16,179 and in Madras to 13,006. There was a limited outbreak in Dibrugarh, in Assam, and nearly 50 deaths were reported in the North-West Frontier Province, in Ajmer-Merwara and in Coorg, respectively.

In 1904, the mortality from plague reached the huge total of 938,010 deaths. More than one-third of the deaths occurred in the Punjab, where 396,257 deaths were reported, a figure far in excess of any recorded in Bombay. In Bombay, which now took the second place, the number of deaths declined by 57,312 to 223,957, and there was also a considerable fall in the mortality in the Central Provinces and Berar, where 32,820 and 10,046 deaths were reported; but in the United Provinces the number rose to 179,082, in Bengal to 75,436, and in Madras to 20,125.

The seasonal mortality varies in different parts of the country, and as the distribution of the disease has extended, the period of highest mortality has altered. Since 1898 the number of recorded deaths has never fallen short of 1,000 in any month except July 1900, when 686 were registered. In 1898 and 1899 the greatest mortality occurred in October and September, respectively, but in the next four years, when the influence of the seasonal distribution in Northern India was making itself felt, the heaviest mortality occurred in March, and in 1904 when that influence became preponderant, in April. In the country generally there has always been a great fall in the mortality in May, and there is a further equally remarkable fall in June, the minimum being reached in June or July, after which the figures rise until October, remain stationary in November, rise again in December and go on rising until the maximum is again reached.

The statistics of plague mortality among the sexes are incomplete, but taking the figures of 1904, it appears that the mortality is nearly always highest among females. In the Punjab males died of plague at the rate of 16·52 per thousand of the population and females at the rate of 23·41, but it is possible that in this province the difference may be exaggerated on account of some defect in the census, which, however, has not been discovered, leading to the understatement of the female population. In Bombay males died at the rate of 11·74 and females at the rate of 12·51; in the United Provinces 3·19 and 4·36; in the Central Provinces 3·18 and 3·65; in Bengal ·86 and 1·16, and in the infected districts of Madras ·9 and ·8.

In Berar, on the other hand, the male death-rates have been the higher, in each of the last three years, and in Bombay in 1901 the male rates were the higher. Generally speaking, the female deaths are the more numerous in most months of the year, and the proportion of female to male deaths is greatest when the incidence of plague is most severe; when very few deaths are reported it frequently happens that the deaths of males are most numerous. If plague is caught in the house, it is natural that females, who spend a larger part of their day in the house than males, should suffer most when the cause of the disease is most intense; a possible explanation of a larger proportion of male deaths being reported during the non-epidemic season is the registration of the deaths from plague of females under other diseases than plague; if this explanation is correct, it may have an important bearing on the real history of the perpetuation of plague in endemic areas.

Regional distribution.

112. The regional distribution of plague in India presents many features worthy of observation, and there is little doubt that the peculiarities of distribution depend upon the varying environment of the people, which again depends upon climatic influences, on the nature of the soil and on the past history of the country. Where the rainfall is abundant and vegetation of all kinds plentiful, villages of scattered homesteads each with its own 'tank' and grove of trees can exist; where water is scarce village houses must be built close together on the banks of rivers or near wells, and if no stone or timber is available they must be built of mud; the richer the land the closer and larger the villages tend to become, while the aggregation of houses, often enclosed by a surrounding wall, is most marked in regions formerly subject to the raids of warlike or predatory neighbours.

It is impossible in a short space to give more than the roughest idea of the characters of the dwellings of the people, but the following short notes abridged from descriptions kindly supplied to me by Mr. R. Burn, C. S., may prove interesting.

In the swampy lands of east Bengal plague has hitherto never spread except in the towns. In this country the villages consist of scattered homesteads, each surrounded by its orchard of fruit and palm trees. The houses rest on high mud plinths, and consist of bamboo mats with a roof of thatch. The excavations, whence the mud to prepare sites has been taken, are all full of water so that there are 'tanks' in all directions. Travelling westwards the sites of the villages become more defined, until Bihar is reached, where the villages, generally on raised sites, consist of thickly packed clusters of mud huts with tiled or thatched roofs. Here the rainfall, except in the sub-montane tracts, is lighter than in the east, the heats of early summer are more intense and the air is drier; and here plague flourishes in both village and town, although the remote district of Champaran in the north of this region has hitherto enjoyed practical exemption from attack. In Bihar the seasonal distribution of plague resembles that of Northern India, but the changes are on the whole less marked.

Passing into the United Provinces, the houses at first retain the same construction, the populous villages lie close together and plague is severe. The ordinary house contains a small court-yard with a sitting room opening off it which serves as a sleeping room for the males, while further back, worse ventilated and darker, is the inner room in which the females sleep, and some small store rooms. In the west, the thatched roofs give place to flat mud roofs. In the hills, in Bundelkhand, and in parts of the Agra and Muttra districts, stone is the ordinary building material, elsewhere mud and burnt or sun-dried bricks are used. The average number of people in a house is 5·5, slightly more than in Bengal, 5·2, but fewer than in the Punjab, 6·2. Plague is severe throughout the greater part of the province except in the hills, and, hitherto, in certain of the Bundelkhand districts. The seasonal distribution of the disease is more distinctly marked than in Bengal, the fall in the numbers of deaths taking place in April, when the maximum temperatures are near 100° F.

In the Punjab, the houses are built of mud with flat roofs, closely aggregated in large villages, only 28 per cent. of the total population living in villages of less than 500 inhabitants. In the large cities the houses are generally made of brick, and are several storeys high. In the hills, the building material is often stone, slates being used for the roofs. Plague is severe in most parts of the province, except the hills and the waste parts in the south-east; but although the Punjab villages have suffered more than those in most parts of India, the large towns have hitherto enjoyed comparative exemption. The seasonal distribution of plague is more marked than in any other province, but the great heat does not set in until May is well advanced, and the plague does not abate until May, the great fall occurring in June, so that the plague season in the early part of the year lasts longer than elsewhere.

In the North-West Frontier Province a house generally consists of a single room, built of the material most readily available, rough stone in Kohat and parts of Hazara, with coarse slate for the roof; elsewhere the houses are mud, wood being used in the construction of the roof, which is always flat.

In the Central Provinces, the average village consists of about 48 houses with five people in each house. The arrangements of the villages and the structure of the houses vary in different parts of the province. The houses may consist of a framework of wood filled in with bricks, or of mud or of wattle plastered with mud, the roof being of thatch or tile. Plague is very irregularly distributed—the large districts in the east, Raipur, Bilaspur, Sambalpur, have escaped almost completely, and so also have the sparsely populated districts of Damoh adjoining Bundelkhand, and Mandla, Betul, Chhindwara and Seoni. Save for the remission in the hot weather, the seasonal distribution of deaths in the province is not characteristic.

In Berar, the dwelling houses of the agricultural classes are mostly of sun-dried brick roofed with thatch or tiles, but flat, mud roofs are common, the poorest classes living in huts made of grass mats daubed with mud. The seasonal distribution of plague is irregular as in the Central Provinces.

In Bombay, except in the rain-swept southern Konkan, where the houses are often widely scattered, the bulk of the village population live crowded together on limited sites. The material of which the houses are constructed depends upon what is available on the spot and on the amount of the rainfall; when timber is scarce, mud bricks and roofs of solid earth are common, but where the rainfall is heavy the roof is tiled. On the coast the poorer people live in wattle and daub huts thatched with grass or palm leaves. The climate of Bombay proper is more equable than that of Northern India, the heat is never so fierce, the air is moister, and on the Deccan plateau in the rainy season the temperature is not very high. The seasonal distribution of plague is also more equable, there is not the great difference between the maximum and minimum incidence of the disease which is characteristic of Northern India, and severe epidemic prevalence in the autumn is the rule in many Deccan districts. The southern Konkan and the forest district of Kanara have escaped lightly.

In Madras, the villages average about 600 inhabitants and the houses vary from the one-roomed thatch-roofed hut of the labourer to the elaborate dwelling of the rich. In the Deccan, the roofs are flat. On the west coast, each house stands in its garden. Plague is restricted to a few districts in the north and centre of the presidency, the coast districts escaping; and the seasonal distribution is much the same as in Bombay.

Local immunity.

113. A glance at a map of India showing the distribution of plague will reveal the existence of large tracts of country which have either escaped attack altogether or have suffered very lightly. In the cases of many of these tracts, no doubt, the appearance of immunity is deceptive, plague has not reached them; but there are others, to name only the southern coast districts of Bombay and the eastern districts of Bengal, into which plague has been introduced without giving rise to a severe epidemic, and of which it may be conjectured that there exist some conditions peculiarly unfavourable to the spread of plague. The facts at hand are insufficient to warrant a discussion of this important subject, but it may be remarked that where immunity cannot be ascribed as probably due to inaccessibility or to sparseness of population, rice is largely grown and the rainfall is abnormally heavy as in the southern Konkan and eastern Bengal, or the seasonal distribution of the rain differs from the rest of India, as in the coast districts of Madras.

Strains of plague.

114. Dr. Klein[1] describes two types or strains of plague bacillus, the first which he denotes as the human type, is very virulent for man and the rat, the bacilli are cylindrical, and in culture young colonies are conspicuously granular and more or less opaque; the second he calls the rat type, the bacilli are oval or coccus-like and prone to involution, young colonies are translucent, and it is less virulent for rats and guinea-pigs and, presumably, for man. Both varieties are constant in their characters; both lose virulence, although in different degree, by repeated subculture, but while the virulence of the human type is speedily restored by passage through the animal body, the virulence of the rat type is not thus restored. Ten rats protected by inoculation with Haffkine's vaccine were inoculated with culture of the human type and killed at the end of a week. On *post-mortem* examination, all but two were found normal in every respect. One of these two had a slight enlargement and the other a considerable enlargement of a gland on the inoculated side. Plague bacilli were cultivated from the enlarged gland of the latter; the resulting young colonies were translucent, while the virulence of the bacillus was found to be reduced, and this minor degree of virulence remained constant in subsequent subcultures. When a rat dies of an infection with the virulent type of bacillus, all the organs are loaded with plague germs and the excretions are charged with contagium and are proportionately dangerous; while in cases in which death results from an infection with the attenuated bacillus, the organs are not so extensively invaded, so that the excretions are only sparsely charged with contagium, and such as may be present is not necessarily very dangerous to man.

Dr. Klein points out that an attenuated plague might very easily be bred in nature—on board a ship, for instance; the more susceptible rats would die first and the last to remain would be those infected with the chronic type of plague which has passed through the less susceptible rats; such an occurrence would account for the fact that in some western ports plague has been introduced among rats, but has not spread to man. The possibility of attenuated plague being bred in nature has also, it may be imagined, a bearing upon the effect of evacuation of a plague-infected locality; if all human beings leave the locality the disease may become attenuated among the rats, but if some human beings remain and are attacked, the rats may be continually reinfected with a virulent strain of plague bacillus. It may also of course, happen, as pointed out by Dr. Klein, that the attenuated infection in rats may regain virulence by passages through man, and this is a contingency which must be borne in mind in connection with areas in which plague appears to be endemic.

Fleas and Plague.

115. In recent issues of this report frequent mention has been made of the possible conveyance of plague by fleas, and observations and opinions of different workers in favour of and against this possibility have been cited. Particular attention has been directed to this question by the delivery by Captain Liston of the Parel Laboratory of a lecture on the subject, and its subsequent publication under the title, "Plague, Rats and Fleas." In this paper,[2] Captain Liston gives particulars of the habits of the black rat (*mus rattus*) which is the common house rat of India; and points out that unlike the gray rat (*mus decumanus*), which is adapted for burrowing, lives in drains and cellars and shuns man, the black rat is adapted for climbing, and lives in the walls and roofs of houses in close association with man. He describes the four species of fleas commonly found in this country on men and rats—*pulex irritans* and *pulex serraticeps* or *pulex felis*, the common fleas of men and dogs; *pulex cheopis*, which he believes to be identical with *pulex pallidus*, generally found on the black rat, although it may be found on the gray rat, and *ceratophyllus fasciatus* found on the gray rat; he meets the objection that rat fleas do not attack human beings by quoting an instance in which of 30 fleas found on man in an infected house, 14 were rat fleas; he explains the escape from plague of healthy rats confined in cages along with infected rats by reference to the light-shunning habits of *pulex cheopis*, which speedily disappears from rats kept in cages in light airy places; and he quotes a case in which numerous plague germs were found in the stomachs of three out of ten fleas found on guinea-pigs, introduced into a plague-infected room for the purpose of attracting fleas.

The spread of plague.

116. The spread of plague in India has been compared, not inaptly, to the spread of a jungle fire; slowly but surely the margins of the fire extend, the flames darting forward where the grasses are long and dry, and dying down where some obstacle checks their course, while here and there sparks are carried to a distance often to be extinguished, but where they fall upon combustible material to set up fresh foci, whence the fire extends as in the original conflagration.

Every case of plague takes its origin, however remotely, from a pre-existing case, and in tracing the course of an outbreak there are three main problems to consider; the origin of the first infection, the spread from house to house, and the spread from man to man. In the vast majority of instances, the origin of infection can be traced to the arrival in the town or village of an infected human being, but there are well known instances where the most careful enquiry has failed to discover this source of infection; among them, Karachi, where the origin of the first outbreak was never traced; Calcutta, where the first cases of plague were indigenous and occurred near the wharves; Rangoon, where for years, medical inspection of the passengers by steamer from infected Calcutta succeeded, by the segregation of the sick, in averting an outbreak, and where the outbreak, when it did at last occur, appears to have been carried by the Madras steamers, which do not lie in the stream as the Calcutta steamers do, but are made fast to a wharf; Dibrugarh, far up the Brahmaputra, where dying rats furnished the first evidence of the presence of plague, which was limited to the neighbourhood of the grain stores; and Aden, where all goods are landed in boats and lighters, and there was no question of importation by an infected human being either in 1900, when the first to be attacked was the receiver of a consignment of rags from Bombay, or in 1904, when the disease broke out in the Commissariat lines.

In these cases, if the carriage by man is excluded, the disease must have been carried by rats or clothing or merchandise, and in all of them, except possibly Aden, the probable carrier was the rat, although, of course, infected clothing or merchandise cannot be absolutely excluded. One household may be infected from another by an infected man, but much evidence and the great body of opinion is in favour of the infection being most commonly taken from house to house by the migration of infected rats. Infection directly from man to man is, no doubt, common in cases of pneumonic plague, but bubonic plague appears to be only slightly if at all infectious to man directly, and does not spread from man to man in good hygienic surroundings. There is much evidence that infection may be carried by clothing—some believe clothing to be the chief carrier of infection, and cases are fairly numerous in which the outbreak of plague followed the importation of clothing from an infected place without the person who took the clothing there being attacked. In what way clothing is dangerous, whether from contamination by discharges or by serving as a vehicle for infected fleas, is uncertain, but, in most cases in which infection appears to have been carried by clothing, plague has first appeared among rats, so that while clothing from an infected house may be only slightly dangerous directly to man, it is certainly very dangerous to the rat. Infection is often carried in grain, indeed the frequency with which outbreaks of plague begin or are most severe in the neighbourhood of grain stores appears at first sight to justify the belief that grain is the commonest carrier of plague. It must, however, be remembered that grain stores are the great resort of the rats in a quarter, and if any one of them is infected it will carry the disease to the grain store and infect the others. There is some evidence to show that, in the conditions of this country, grain, if free from rats and secured from fresh contamination, does not ordinarily retain its infectivity for long.

The usual history of a village outbreak is somewhat as follows. A person arrives from an infected area, either actually ill or he develops the disease soon after arrival. In a short time dead rats are observed, and then human beings are attacked, either in the house in which the imported case occurred, or in a house near it. At first cases are confined to a limited area, but eventually they may occur throughout the village. It frequently happens that the person who arrives from the infected area does not himself develop plague, when it may be assumed that the infection was brought by him in soiled clothing or other materials, at which rats would nibble. If houses are built back to back, it is common for the disease to spread from the one to the other, and when the practice of unroofing houses was in vogue it was noticed that there were chains of unroofed houses connected with one another by position merely, the inhabitants being widely separated, so that "to pass from one (unroofed) house to the next along the lanes of the village it was often necessary to make a wide detour, leaving the village by one gate and re-entering by another" (Captain Walton, I.M.S.).

When a village is attacked for the second time, the question arises, is this outbreak due to re-importation or to recrudescence? In most cases the second attack can be traced to a fresh importation, but there are many instances in which careful enquiry has failed to discover any evidence of re-importation by man, and it must be assumed that the disease has been re-imported by rats, that unreported mild cases of plague have existed among the people, that rats have suffered from chronic plague, or that the germ of the disease has remained latent in the soil or elsewhere. In this connection the following remarks taken from a report by Captain Stevens, I.M.S., Civil Surgeon of Shahabad, are of interest:—

"The reappearance of plague in houses previously infected has again been a feature of the epidemic. I think it is best explained, as I said in my last report, by the fact that these houses are regular rat-runs. If the soil remained infected throughout the year and the disease only reappeared when climatic conditions became favourable, then we would expect to find the disease reappearing *simultaneously around the previously contaminated foci*, but in my experience I have never noticed this to be the case."

Lieutenant-Colonel Hendley, I.M.S., reports similar cases.

"Again in the city of Sialkot, a death occurred on the 18th February 1905 in a part of the city remote from where cases had already occurred. The house was one-storied, built up entirely of mud, and surrounded in all directions by houses of a similar nature except for a few feet at the entrance corner, the door at which provided all that there was of light and ventilation. This house had been the first to be infected in the previous year in this ward and then 13 people had died in it. The owner of the house said he had not seen any rats in it since the previous year, but this was found to be untrue as dead rats had been removed from the street outside the house on the day of the death. In another part of the city the first case occurred in a house built of burnt brick set in mud and having mud floors, in which in the same room in the lower storey deaths had occurred in 1901-02 and 1902-03. It was the first house to be infected in 1901 and rats died very early in the 1902 outbreak; but it was not till two months later that the first case occurred, when the people, who had left when the rats died, returned. The house was well disinfected each year after deaths occurred. There were rat-runs under the floor of this room and cattle were stalled in one adjoining."

Facts bearing upon the etiology of plague.

117. No race enjoys, and no occupation offers immunity, but as the environment depends upon habits and pecuniary circumstances there is often the appearance of racial, and sometimes the appearance of occupational immunity; thus Europeans, who generally live apart from natives, in well-built airy houses are seldom attacked, and the richer classes of natives suffer less mortality than the poorer because it is possible for them to move from an infected to a healthy locality. In one district in Bengal, we find scavengers suffering less than Brahmans; when the matter is enquired into it is explained by the fact that the scavengers are well housed in a special locality. Village sweepers suffer exceptionally in some parts of the Punjab, but they are not well housed and charity bestows upon them the clothing of the dead. In one town the well-to-do who lived in good houses, and the very poor who had to shelter in the open, escaped, while the middle classes living in ordinary houses suffered severely.

The comparative immunity of prostitutes who generally live in the upper storeys of well-built houses has been remarked in many towns. Weavers, whose occupation ties them to their houses, sometimes suffer exceptionally. There is one class who are nearly always among the first to be attacked, and among whom mortality is high—dealers in grain. In some places Hindus, who take their food sitting on the floor suffer more than Muhammadans; but often Muhammadans suffer more than Hindus, because their extreme poverty, their fatalism and their religious scruples prevent their evacuating infected areas. Jains suffer exceptionally; in Bombay the death-rate among them during five years was 53·90 per thousand of the census population against 27·98 among Lingayats, whose death-rate was the next highest, and 20·66 among all races; and in Belgaum town the mortality among Jains in 1903 and 1904 was nearly double the mortality among other sects.

All evidence goes to show that when once infection is introduced the condition of the immediate environment is the most important factor in determining the severity of the incidence of plague. It happens sometimes, of course, that the most filthy part of a town escapes for a time while plague rages in a comparatively cleanly quarter; but the spread of plague does not depend upon dirt *per se*; the disease is often introduced first into the cleaner area from which it takes some time to spread, and it may even happen that the arrangement and structure of the houses in the dirtiest quarter do not offer facilities for rapid spread. As the dwellings of all but a fraction of the populations of the plague-stricken areas are mud houses with mud floors, and mud, thatched or tiled roofs, it follows that the majority of those attacked inhabit such houses, but it is generally where these houses are worst built, worst ventilated, darkest, most overcrowded and most closely aggregated that plague is most severe; it is less severe where the houses are fairly well built and not close together; and it very frequently spares stone-flagged areas and masonry houses.* That polluted ground air and the material of which houses are constructed are not determining factors, except in so far as they may contribute in different ways to rendering the environment suitable for the spread of plague, is shown by its occurrence on ships; by the distribution of the disease in Rangoon, where the first case occurred in the masonry area and the disease was severe in houses with masonry and plank floors; by the occurrence of a severe outbreak among people living in newly constructed *chappars* on the virgin soil of the Jhelum colony; and by instances of the disease attacking people living in well constructed airy bungalows, which had been overcrowded and used as grain stores. There is evidence to show that plague is most readily caught at night, and the danger of sleeping in a plague-infected area is proverbial; people follow their avocation by day in an infected city with comparative impunity if they sleep in a health-camp; and it was observed that the *banias* in Khandwa could sit in their shops in safety in the day, but were attacked if they remained in them at night.

Nearly all the foregoing facts may be explained on the assumption that the rat is the main factor in the spread and perpetuation of plague, and although European authorities[3] attach much less importance to the rat as a disseminator of plague than appears to be warranted by Indian experience, it must be remembered that in Europe and on shipboard it is generally the gray rat and not the black rat that is present. If, however, the rat is the main factor in the spread of plague there ought to be evidence to show that when rats are absent or are destroyed, plague does not occur or disappears. There is some evidence in this direction. In Bihar town (population, 45,063) the destruction of rats in 1903-04 was followed by a great diminution in plague in the following year; and in the village of Diawani in the Patna district, the killing of several thousand rats was followed by immunity from indigenous plague although several cases were imported. In Benares, the Muhammadan *muhallas*, where rats had been destroyed, were comparatively immune. In Rangoon, it is reported that plague diminished with the practical extermination of the rats, but spread where rat-killing had been less vigorously carried out. In the Punjab a village where rats have been destroyed has remained free from epidemic plague although several cases have been imported into it; and a part of another village rendered rat-free escaped, while the rest of the village suffered.

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* In streets of masonry houses on solid plinths the passage of rats from one house to another must often be by doors and staircases, and a high plinth and steep staircase would be serious obstacles to a plague-stricken rat

Climate and plague.

118. There is nothing more remarkable in the natural history of plague in India, than its rapid subsidence with the onset of the hot weather; partial or complete disappearance at this time, and, when large areas are taken into consideration, at this time only, is the rule; and the discovery of the cause of this disappearance will throw much light upon the most difficult problems regarding the etiology of the disease still awaiting solution. Unfortunately, the commencement of the hot weather is just the time when many changes take place in the environment of the people, and it is difficult to disentangle these changes, and impossible to say that this or that circumstance is the reason for the disappearance of plague. It is probable also that at this time the conditions in which the household rats live change, but so little is known of the habits of rats in India that it would be unsafe to base a theory on speculations regarding them. According to Gotschlich,[4] pneumonic plague is derived from secondary pneumonia in bubonic cases, but cases of pneumonic plague form only a small percentage of the total, so that it is necessary to account for the disappearance of bubonic plague only.

With the advent of the great heat, the people begin to sleep outside their houses, many of the men are working, and often sleeping at night in the fields where the crops are ripening, the stores of grain in the houses are running low, and grain is accumulating in the fields. As plague is generally contracted in the houses and large numbers of the people are no longer sleeping in them, while there are strong attractions drawing the rats to the fields, some reduction in plague mortality might be expected, but not its almost complete disappearance. Moreover, the fall in the mortality takes place in towns as well as in villages, and, although numbers of the people in the towns sleep outside their houses, the larger grain stores there do not diminish, and the proportion of the inhabitants (and of the rats?) forsaking the towns for the fields is small.

If it is the case in India, as it is stated to be the case in Egypt, that rats cease to breed in the hot weather, the number of susceptible rats in plagu-stricken places must soon become small, and if we assume that cases of bubonic plague are almost exclusively derived from rats, their disappearance would account for the plague abating; but this explanation will not account for the fact that plague does not take root or spread at this season when introduced into a plague-free place where rats are almost certainly numerous and susceptible.

If it is assumed that plague in man results exclusively from the bites of 'infected' fleas, and if fleas disappear when the weather is very hot, the cessation of the epidemic would be explained; but it has not yet been proved that plague is carried to man by fleas, and, even if this should turn out to be the case, it is unlikely that this is the only way in which the disease is spread.

If, on the other hand, it is the case that bubonic plague is generally contracted by the inoculation of germs contained in the excretions of infected rats, then we might account for the disappearance of the disease by the speedy destruction or attenuation of the bacillus, after it leaves the animal body, by the high temperature and dry air. This is a simple explanation, and while it is in harmony with many of the facts, there is no fact that appears to negative its possible correctness. The decline of the disease when the air is very hot and dry is universal and takes place at slightly different times in different places, *e.g.*, in the Punjab, where the rise of temperature takes place later than in Bihar, the decline in mortality is proportionately deferred; the completeness of the disappearance of the disease is in direct ratio with the fierceness of the temperature and dryness of the air; when the autumn has been hot in Northern India the onset of plague has been deferred, and the exceptional heat and dryness in the Bombay Presidency in 1900, was accompanied by an extraordinary decline in plague mortality. It can certainly be objected that the temperature in the dark inner rooms of native houses may not reach the height necessary to destroy the plague germ in a laboratory experiment, and that in some places the relative humidity of the air is always high; but it is just in these dark rooms that infection persists longest—witness the increase in the proportional death-rate of females who live in these rooms immediately before the great fall in the general mortality, while the drying effect of air in motion at a high temperature may be great even when the amount of moisture in the air is considerable. It is, of course, probable that the decline in plague is due to the combined effect of several causes, and that the contribution of each cause to the effect varies in different localities.

Measures.

119. In the following paragraphs in which free use has been made of materials contained in special reports recently submitted to Government by officers selected on account of their large experience in dealing with plague, will be found a brief summary of existing opinion regarding the various measures that have been employed in this country to combat the disease.

Inspection, railway, road and steamship.

120. The evidence regarding the utility of the inspection of travellers is conflicting. In those parts of India where plague has taken firm hold of a large area, the most that is admitted in favour of the general application of inspection is that it had its uses in delaying the spread of plague, and that it is a useful measure in protecting a limited area, such as a hill station. It is believed, with good reason, that the inspection of passengers arriving by steamer from Calcutta saved Rangoon for years. In Madras, railway inspection and the system of passports in use there are believed to be effective. It is stated that railway inspection was most useful in Ahmedabad in delaying the spread of plague. In Ajmer inspection was considered useful in intercepting the plague stricken and preventing the sick from travelling; and in Central India it was considered useful, and, with the subsidiary measures of quarantine and segregation, actually became popular. In Baluchistan, railway

inspection seems to have been successful; and in Hyderabad it is considered by the medical authorities to be the most effective measure.

There is no doubt that railway and road inspection can be usefully employed to protect a plague-free place; persons who are suffering from plague will be detected, and the fact that an inspecting station exists deters people who may be sickening from attempting a journey; but the utility of the measure, of course, depends upon the completeness of the command by the inspection station of the routes of access to the place to be protected; and it cannot be expected to protect a town against plague in the immediate vicinity. It is argued that people may pass the inspecting station while they are in the incubation state of plague, that it is wrong to detain the railway-carriage contacts, and that, in any case, infected clothing may be booked through. These are all good arguments against the claim that an inspection station is a perfect protection, but it can be shown that inspection is useful without setting up this claim. If the inspection station is at a considerable distance from the infected area the chance of an individual passing through it without detection in the incubation stage of plague is small. Railway contacts do not incur much danger; upwards of 5,000 contacts were removed from the train at Jalarpet, and not one of them developed plague, unless, besides being a contact, he had actually lived in the same house as the plague-stricken passenger. Clothing does carry infection, but in the vast majority of instances the first infection of a town or village can be traced to the arrival in it of an infected human being. Road inspection is generally more difficult to carry out efficiently than railway inspection and its uses are more limited. Steam-ship inspection to be effective must be supplemented by arrangements which will prevent rats reaching the shore from the steamer.

Quarantine.

121. We know from our experience in prisons that quarantine, thoroughly carried out, is absolutely effective in preventing the spread of plague by human beings. Since the outbreak of plague in the different provinces 2,900,444 prisoners have passed through the jails in these provinces, and only 305 cases of plague occurred in the prisons of which 38 furnished cases. It must, however, be remembered that rats are excluded from prisons. On account of the difficulty in carrying it out, and of the hardships to which it gives rise, quarantine is not a measure which can be generally applied. A modified quarantine established by the people themselves is likely to prove most useful in the future. In some places villagers now refuse to allow a person from an infected place to enter their village, and in a few places they have constructed huts in which strangers are required to remain for some time before entering the village.

Segregration of the sick.

122. The removal of the sick to hospital is, of course, most desirable in their own interests, but this measure is always unpopular in the beginning, although in some places the people have now come to see that those treated in hospitals under European supervision have a much better chance of recovery than those whose friends refuse to allow them to be taken there. But it is, just when plague is first imported into a place that the segregration of those attacked is most important; and every effort should be made to provide a comfortable hospital for the isolation of early cases, and to devise regulations which will permit the friends of the sick to accompany them to hospital without vexatious or unnecessary restrictions.

The segregration of contacts.

123. The importance of the segregation of contacts depends upon the circumstances of the case. As we have seen, mere contact in a railway carriage involves little danger; but contact in a house is dangerous, not perhaps on account of contact with the case of bubonic plague, but on account of the risk involved in living in the infected house. The segregation of contacts in a hitherto plague-free place is of the first importance until the possibility of eradicating the disease has disappeared; but the treatment of contacts in a liberal spirit may often prevent the defeat by the people of measures taken on their behalf. If the infected house is evacuated and the possessions of the contacts thoroughly disinfected, their surveillance would probably be as effectual in the long run as their detention, as the temptation to conceal cases and to run away would be reduced.

Disinfection.

124. Disinfection is a measure regarding which the most extraordinary diversity of opinion prevails. The great majority of civil officers have little faith in it, although a few believe it is useful; most medical officers retain some confidence in it, but generally qualify a favourable opinion with the provision to the effect that it must be thoroughly carried out. Disinfection often fails: plague occurs in a house, it is evacuated, thoroughly disinfected, the inhabitants return to it, and are attacked. The reason for the failure, in the cases where thorough disinfection is possible and has been efficiently carried out, is probably the re-infection of the premises by infected rats.

It is, I think, evident that if bubonic plague is not directly infectious from man to man, disinfection is useful mainly in preventing the infection of the more susceptible rat, and that, if rats that have access to the room in which the subject of plague lies, are already infected, it is useless to disinfect the room unless measures are at the same time taken to prevent rats getting into it. Thorough disinfection, then, is essential in cases of bubonic plague before rats have become infected, and may be useful even after rats have become infected if their access is rendered impossible before or immediately after the room has been disinfected. This view accords with the evidence in favour of the value of disinfection in early imported cases and of its value in masonry buildings and the upper storeys of well-built houses, and explains the disfavour in which it is held by those whose experience of its use has been limited to indigenous plague in mud-built rat-infested houses.

To be effective, disinfection must be thoroughly carried out with efficient disinfectants under competent supervision, and measures must be taken before or at the time of disinfection to exclude rats. In the case of pneumonic plague thorough disinfection is always essential. The disinfection of clothing is very important, as, whether man is infected directly by means of infected clothing or not, there is no doubt that the rat can be infected by it.

Evacuation.

125. There is only one opinion regarding evacuation, it is *the* remedy, but it must be prompt and complete; and it must be noted that evacuation of one part of a village will not prevent plague spreading to the rest of the village—a fact which seems a simple and most telling piece of evidence that the spread of plague in a village is mainly due to the rat.

Inoculation.

126. It is obviously difficult in the circumstances in which inoculation must be used to estimate accurately its value as a remedy. That its value is great is certain; not only does it largely diminish the danger of plague being contracted, but if it fails to prevent an attack, the probability of a fatal event is reduced by one half.

Endemic areas.

127. Even in those provinces where the hot-weather decline in the mortality from plague is greatest, the registered deaths show that when infection is widespread the disease never entirely disappears, and the abnormal relation of the mortality of the sexes at this time suggests the probability that more deaths occur then from plague than are registered as due to that disease. Moreover, the almost simultaneous reappearance of the disease in many centres, which is in marked contrast to the gradual spread of infection observed when the disease first invades a province, is evidence that the infective agent persists, either modified in virulence in the animal body, or latent apart from animal hosts. Village histories of second and subsequent outbreaks, however, most frequently show that these are due to fresh infections, and the inference is that endemic areas are relatively few in number. It seems certain, that, if these endemic areas can be identified, a new and most hopeful turn may be given to the battle against plague. The areas are probably limited in extent, the numbers of cases among men (and probably among rats) small, and radical measures are possible at a time when the forces of nature are arrayed against plague. Much attention has been given to this question by Major Browning-Smith in the Punjab, where an attempt to attack plague in endemic areas is being made.

The destruction of rats.

128. If the opinions of all officers now dealing with plague in India were taken, it would be found that their belief is almost universal to-day that the most important preventive measure is the destruction of rats. Any one who admits that the infection of plague can be derived by man from the rats, must also admit that in the conditions of native life in India, the destruction of an infected rat is as important as the isolation of an infected man, and that the extirpation of rats from an infected area is of more importance than the segregation of contacts. The general destruction of rats in India is an enormous undertaking. Some idea of its magnitude may be formed by comparing it with the Australian rabbit problem. In Australia every one wished that the rabbits might be extirpated, and there is a market for the bodies and skins of rabbits; in India the vast majority of the people are averse from the destruction of animal life, and the only reward for the destruction of rats is the small sums which can be offered by municipal and other authorities for the production of the carcasses. Anything approaching the total destruction of rats is probably impossible, but there is evidence that such partial destruction as can be effected has a marked effect upon the prevalence of plague. In some localities the objections of the people have been overcome, and in a few their assistance has been enlisted, while there is reason to hope that if an object lesson of the banishment of plague from an infected area after the destruction of rats in it could be exhibited, such assistance would be largely given. In killing rats, as in other enterprises, there is a right way and a wrong way to proceed, and much has yet to be learned regarding the seasons to be chosen and the methods to be adopted for their destruction. Many experiments have been performed with poisons and all show the necessity for the

selection of a suitable poison and a careful technique. An excellent series of experiments, carried out by him in the Punjab, are reported by Captain G. I. Davys, I.M.S. The poisons used were arsenic, strychnine, perchloride of mercury, cyanide of potassium and a proprietary article known as the 'common sense exterminator.' In each experiment a certain number of baits in which the different poisons had been incorporated without being touched by hand were put down on successive days, the number of baits taken and the presence or absence of rats in the houses being noted.

In the following table, slightly modified from that given by Captain Davys, the number of baits of each kind of poison taken on successive days is shown, with the cost of killing each rat as estimated by him.

Poison.	Days.							Effect.	Cost in pies per rat killed.
	1	2	3	4	5	6	7		
	Number of baits taken.								
Arsenic	40	5	...	...	...	...	...	Rats still in houses ...	6
Strychnine	70	10	...	...	...	...	...	Rats still in houses ...	6 to 8
Perchloride of Mercury ...	31	7	1	...	...	...	...	Rats not all killed ...	4
Cyanide of Potassium ...	70	20	3	1	...	...	...	A few rats still in houses except in one case.	3·5
"Common Sense Exterminator."	71	51	32	28	15	...	...	No rats remaining ...	2 to 2·4

The destruction of rats by bacterial infection.

129. It would obviously be highly convenient if it were possible to introduce among rats an infectious disease which would be fatal to them while harmless to man and the domestic animals. Unfortunately, however, rats differ from mice in being but slightly susceptible to bacterial infections with the exception of plague. Much was at one time hoped of the Danysz virus, but for reasons, which will become apparent, it has hitherto failed to fulfil expectations.

The bacillus of Danysz[5] was isolated by him from a spontaneous epizootic among field mice, and was found to be slightly pathogenic for gray rats. The fact that a few rats died out of a number fed with cultures of the bacillus, encouraged Dr. Danysz to endeavour to exalt the virulence of the microbe. This he succeeded in doing by passage; but he found that while a few passages exalted the virulence, continued passage diminished virulence, so that after ten or twelve passages virulence was entirely lost. He found, also, that by growing cultures in collodion sacs introduced into the abdominal cavities of different species of rats it was possible to specialise the virus, so that it was fatal to individuals of these different species. In practical experiments carried out with a strong virus in shops, farms and other rat-infested places, he found that in 50 per cent. of the experiments rats disappeared altogether, in 30 per cent. there was a partial disappearance, and in 20 per cent. no effect was produced; in a few instances the disease appeared to spread from the places where the virus was introduced among the rats to other places. Bronstein[6] of Moscow obtained virus direct from Danysz and found that it killed rats in the laboratory in from 2 to 35 days, in most cases in from 4 to 8 days, and that rats fed on the carcasses of others dead of the induced disease also died, but not so speedily as those fed on cultures, while the infection soon lost its virulence. He found also that the susceptibility of different species of rats varied, and made the important observation that rats of the same kind from different places were not equally susceptible. Many bacteriologists have made experiments with the Danysz virus. Among them Kolle[7], who came to the conclusion that, in practice, the virus was not to be preferred to ordinary poison; Markl[8] of Vienna who expressed the opinion that it was not probable that a single administration of the culture would give rise to a deadly epizootic. Kister and Köttgen[9] of Hamburg, reported satisfactory results from the use of the virus in the laboratory; but Krausz[10] found the culture ineffective against the rats of Buda Pesth. Klein and Williams[11] undertook a practical experiment in a London warehouse in which the culture failed completely, and they stated their suspicion that Kister and Köttgen's rats died of the effects rather of captivity than of Danysz's virus. The virus has been reported to be successful on a large scale in a few instances of which detailed accounts are not available; but, in any case, the rats concerned were probably gray rats. In Odessa where its use is said to have been very successful, the only published account[12] available here gives very few details regarding the use of the virus, while a review[13] of this narrative states that the virus did not fulfil the expectations which had been formed of its efficacy. Indian experience has so far been unfavourable. Hankin obtained some virus in 1896 and tried it on the Bombay rats; they proved refractory to it when administered by the mouth, but died when inoculated with it. In 1900 Hankin obtained a fresh supply of virus from M. Duclaux, and found the rats in Agra refractory when the virus was administered by the mouth or injected under the skin. Colonel King obtained some virus from Europe recently, and experiments were carried out with it by Christophers at the King Institute, Madras. It was found that, while rats that had eaten food mixed with culture died, all attempts to spread the disease from rat to rat failed. It is evident that the varying susceptibility of different kinds of rats and of rats of the same kind inhabiting different localities offers a great obstacle to the successful use of the virus in this country, while the speedy decline in the virulence of the disease, even if it is successfully introduced among rats, is an almost fatal defect. Other microbes have been tried in European laboratories notably Issatschenko's[14], and Neumann's 'ratin bacillus.' The latter was isolated by a student named Neumann from the urine of a young child suffering from cystitis. The bacillus was found to be fatal to mice and slightly pathogenic for rats, the virulence being readily exalted by injections of cultures into rats. The bacillus was examined by Bahr,[15] who found that the black rat (*Mus rattus*) was quite insusceptible, the Egyptian rat (*Mus alexandrinus*) was slightly susceptible while the gray rat (*Mus decumanus*) was very susceptible; but here again it was found that the degree of susceptibility of gray rats brought from different localities varied—a suggestive fact.

The future.

130. The problem of dealing effectively with plague in India presents certain peculiar difficulties which, happily for them, have now no existence in Western countries. The chief of these difficulties are the structure and surroundings of the native dwellings the enormous number of rats living in close association with man, and the attitude of the people to plague measures with the political dangers involved. Although the outlook in many parts of the country is still dark, hopeful signs of improvement are not wanting. Changes for the better in the environment of the people must be gradual; it is impossible to rebuild the villages, but the villagers in many parts of the country now know how to save themselves; the work

of paving and draining the towns is making increasingly rapid progress, and houses in paved areas are soon improved by the owners; the campaign against rats is being begun in real earnest; and the attitude of the people is changing. In places where they have suffered from plague, active resistance to measures against it is giving way to approval; and, here and there, approval is leading to co-operation. When the people realise how largely their salvation is in their own hands and will themselves help to fight against plague, the battle will be nearly won.

Plague in Bengal.

131. In 1904, the number of deaths ascribed to plague in Bengal was 75,436, equal to a death-rate of 1·01 per thousand calculated upon the total population. Plague in Bengal is, however, limited in a remarkable way and only a comparatively small portion of the province has suffered from indigenous plague. The prevalence of the disease is practically restricted to Calcutta (death-rate 5·53) and the municipalities in its vicinity and to the western districts of the Patna and Bhagalpur divisions and Hazaribagh. Champarun in the north of the Patna division and Malda in the east of Bhagulpur have so far remained almost immune, but in Patna district (plague death-rate 16 per mille), Saran (7·21), Shahabad (5·34), Gaya (3·36), Monghyr (1·62) and Muzaffarpur (1·06) the death-rates in most of the towns and in rural areas were very high. Since plague has become established in Bengal the maximum mortality in the province as a whole has occurred in March, although in the west the maximum may occur earlier in the plague seasons, and in the east of the province later; in April there is a rapid fall and the minimum is reached in July or August; but the disease has never entirely disappeared, the smallest number of deaths recorded in any one month since 1900 being 79 in July 1901.

Plague in the United Provinces.

132. In 1904, the number of plague deaths registered in the United Provinces was 179,082, equal to a death-rate of 3·75 per thousand of the population. Only one district, Almora, was entirely free from the disease; although the numbers of reported deaths were few in the other districts of the Kumaon division, in Moradabad, Pilibhit, Budaon and Dehra Dun in the north, Bulandshahar in the centre, and Hamirpur and Banda in the south of the province. The mortality was most severe in Ballia (17·63), Ghazipur (14·31) and Azamgarh (11·11) adjoining the severely infected area in Bengal, in Lucknow (9·41) and Allahabad (9·34), in all of which both urban and rural mortality was very high. In the province, generally, the disease is most severe in March, although as in Bengal, the maximum in many districts may be reached earlier in the epidemic season; there is a great fall in the number of deaths in April, which is continued in May; the minimum is reached in July, after which the numbers of deaths rise with increasing rapidity until the following March.

Plague in the Punjab.

133. The number of deaths registered in the Punjab in 1904 was 396,357, and the death-rate rose from 10·22 per mille in 1903 to 19·71. The incidence of plague was light in the districts of Simla (0·2 per 1,000), Kangra (·04), Attock (·03), Mianwali (·01), Multan (·2) and Dera Ghazi Khan (·1), but the disease was present in every district, except Muzaffargarh; and in every district, except Amritsar and Gujranwala, the plague death-rate was higher than in the previous year. In Amritsar the death-rate fell from 25·6 to 22·0 per mille, and in Gujranwala from 63·0 to 31·1. In twelve

districts the death-rates were over 20 per thousand, the highest being 71·1 in Shahpur, 50·5 in Ludhiana, 46·4 in Sialkot, and 45·8 in Gurdaspur. The mean mortality in rural areas rose from 10·35 per thousand in 1903 to 20·34; but in the towns the rise was much less, from 9·04 to 14·09. The death-rates in the three large towns, however, rose considerably, in Lahore from 2·66 to 9·37, in Amritsar from 1·82 to 6·85, and in Delhi from ·04 to 1·29, rates which are small in comparison with those recorded in Allahabad, 38·87, Lucknow, 16·16, or Cawnpore, 17·97. The climatic variation is especially marked in the Punjab, the maximum occurs later than in the more eastern provinces, and the variation between the maximum and the mimimum is greater.

The statistics show the disease at its minimum in August, it increases slightly in September and rapidly in October; the October mortality is doubled or trebled in November, and the November mortality may be again doubled in December, but the mortality in the end of the year affords no index to the mortality of the following spring. The number of deaths may go on rising in January, the number increases greatly in February, is doubled in March and may be doubled again in April when the maximum is reached; there is an extraordinary fall in May and June, and the figures sink in July to the minimum in August. Plague has not disappeared from the monthly statistics since the rainy season of 1900.

Plague in the North-West Frontier Province.

134. In 1902, there were four deaths from plague in the North-West Frontier Province. In 1903, five cases were imported into the Hazara district from Rawalpindi, Dhariwal and Wazirabad in April and September. In October and November, there were 45 cases in the Haripur Tahsil of which it is stated that 44 were indigenous; in each case the usual precautionary measures were used to prevent the spread of the disease, with eventual success. In 1904 there was only one death, a case imported into Abbottabad.

Plague in the Central Provinces.

135. In 1904 there were 32,820 deaths from plague in the Central Provinces or 2,515 fewer than in the previous year, the reduction being due to the comparative lightness of the epidemic in the latter part of the year. In eight of the 19 affected districts the plague death-rates in 1904 were lower than in 1903, the most notable reductions being in Burhanpur, where the death-rate fell from 21·95 per mille to 7·97, Nagpur, where it fell from 20·34 to 14·53, Jubbulpore, where it fell from 13·30 to 9·22, and Hoshangabad, where it fell from 12·75 to 5·43. All the districts in the province have suffered except Sambalpur, but the mortality in the districts of Raipur and Seoni has not hitherto exceeded five deaths in a year. Until 1904, when the maximum mortality was recorded in March, the highest death-rate has occurred between October and February, most often in December, and the disease disappeared from the statistics in June, until 1903, when there were five deaths in that month, and 1904, when there were 17.

Plague in Berar.

136. Berar remained free from plague until 1902, except for two deaths in 1899 and two in 1900. In 1902 there were 4,188 deaths, and in the following year the number rose to 16,179. In 1904 the number fell to 10,046; the plague mortality in the first three months of the year was higher than it had been in the corresponding months of 1903, but the numbers fell in April, and from August to the end of the

year the mortality was much lower than in 1903, the fall in the mortality occurring in all districts except Ellichpur and Wun; in the latter, however, the incidence of the disease was not severe. The highest mortality occurred in December in 1902, in October in 1903 and in March in 1904, and since the beginning of the epidemic, only three deaths have been reported in June.

Plague in Madras.

137. Plague in an indigenous form first appeared at Guntakul in the Anantapur district early in August 1898; thence it spread to other parts of the Anantapur district and to the adjoining districts of Bellary on the north-west and Kurnool on the north-east. Meanwhile plague was spreading in Mysore, and in December, the districts of Salem and North Arcot, which are on the south-east of that State, were infected. In 1899 the district of Coimbatore was also infected and imported cases terminated fatally in a few other districts. In the following year the disease disappeared from Coimbatore, only to return in 1901, when in addition to the districts named above many district returns showed a few deaths, but the disease was severe only in Bellary and Salem. In 1902 there was a great increase in the mortality, notably in Bellary (7,354 deaths), and South Canara was attacked. In 1903, there was a reduction in the mortality in Bellary (5,896 deaths) and South Canara, but in Anantapur, Coimbatore, Kurnool, North Arcot and Salem there was a considerable increase, and there was a severe outbreak in the Nilgiris, the total deaths in the Presidency numbering 13,291. In 1904 the number of deaths rose to 20,125, and only six of the 23 districts were entirely free from the disease, although mortality was considerable only in Anantapur (1,585), Bellary (10,751), Coimbatore (4,309), North Arcot (1,086) and Salem (1,313). It is noteworthy that all the East Coast districts have practically escaped hitherto. The highest mortality in the Madras Presidency has occurred in December, February and January—in four years out of seven, including the last three, in January; and the lowest mortality has occurred in May or June.

Plague in Coorg.

138. No death from plague was reported in Coorg until May 1903, and there were 45 deaths reported during that year. There were three deaths in January 1904, and one each in February and April; 14 in August and three each in September and October, the total of the year being 25.

Plague in Bombay.

139. From the autumn of 1896 until the end of 1903, with the remarkable exception of 1900 when the mortality from plague receded to about a third of that of the previous year, the annual increase in plague mortality in Bombay was continuous. In 1903 the total number of deaths registered was 281,269, but in 1904 the total fell to 223,957. The decrease of 57,312 was spread over every month of the year except May when the mortality is comparatively low, and the deaths in May 1904, numbered 3,939 against 3,931 in May 1903. The decrease was not, however, distributed among all the districts: those in the south with two exceptions suffered less than in 1903, but the northern districts of Surat, Broach, Kaira, Panch Mahals, Ahmedabad and Karachi suffered more. As will be readily understood when its configuration and geographical position are considered, the plague statistics of the Bombay Presidency as a whole do not show the same marked seasonal changes as the statistics in, say, the Punjab; there is less contrast between the maximum and minimum mortality, and although the spring rise in mortality and the hot-weather fall are well marked, the maximum generally occurs in October. In Sind the

seasonal distribution of plague recalls the distribution in the Punjab, but hitherto, except for a sharp outbreak in Shikarpur in 1897, plague has spared all the districts except Karachi and Hyderabad. In the Presidency proper the disease is present in every district throughout the year, and in different places the maximum mortality occurs at different seasons. Among the large population of the City of Bombay, the highest mortality generally occurs in March, while in the Deccan districts the disease is often most severe in the autumn. Since 1897 the lowest mortality in the Presidency has always occurred in June, except in 1900 when the minimum was recorded in July. In July there is a sharp rise continued in August and September, when the maximum may be reached as in 1899; generally the rise continues in October in which month high mortality in the Deccan districts has determined the maximum in four of the eight years. There is generally a fall in November, and there may be a rise in December, as in 1902, when, owing to high mortality in Khandesh, Poona, Sholapur and Satara, the maximum occurred in that month. There may be a rise in January, a rise in February is almost invariable and this may be continued in March, there is a great fall in April, and a still greater fall in May.

Plague in Ajmer-Merwara.

140. Up till the middle of 1903, there had been only five imported cases, but in August 1903, there were six deaths and up to the end of the year 48 were recorded. The disease reappeared in the following March when there were four deaths, there were four more in April, 23 in May and one in June; no death was reported in July, but in August there were 25, in September 55, in October 30, in November one and in December 15, the total for the year being 158, all of which occurred in Ajmer districts.

Plague in Burma.

141. Up to the end of 1904 the occurrence of plague in Burma was limited to imported cases, of which two terminated fatally in 1899, three in 1900, three in 1901, nine in 1903 and three in 1904.

Fevers. Table II of Appendix B.

142. The total number of deaths recorded in British territory under the heading "fevers" during 1904 was 4,093,981, a ratio of 18·09 per 1,000 of population, as compared with a total of 4,459,237 and a ratio of 19·66 per 1,000 in 1903. The number of deaths recorded under this heading in 1904 was less than in any year since 1899, and although over 254,000 more deaths from plague were recorded in 1904 than in 1930 the diminution in mortality from the various diseases which recording agents diagnose as "fever" was so great that the number of deaths from all causes recorded in India in 1904 was less by nearly half a million than in 1903. Among the general population in India as a whole in each of the last ten years the largest numbers of deaths from fevers have been recorded in November or December except in 1896 when the largest number was recorded in March, and in 1900 when it was recorded in October. In five of the ten years the lowest numbers were recorded in February but this was due in most years to the shortness of the month; in four of the ten years the lowest numbers were recorded in July and in one in June. In most of the provinces the monthly distribution of deaths from fever was irregular from year to year, but in Bengal the highest numbers were recorded in December or November in all of the ten years except 1896 (when the month was March), and in Madras the highest numbers were invariably recorded in December or January.

In Assam and Bombay the highest numbers during the last ten years have been recorded in six different months, in the Central Provinces and Berar in five different months, and in the United Provinces, the Punjab and Burma in four different months.

In Bengal the death-rate from fevers during 1904 was the same as during 1903, *viz.*, 22·23 per 1,000 of population, the total numbers in the two years being, respectively, 1,655,198 and 1,654,941. The highest number of deaths was recorded in November and the lowest in July, which was also the month during which fewest deaths from plague were recorded. The provincial Sanitary Commissioner says that the open tidal river districts of Bengal, *i.e.*, Khulna, Dacca, Backergunge and Tippera, are the least malarious. There was a rise in the mortality from fevers in rural areas but a decline in towns.

In Assam 71,171 deaths (13·49 per mille of population) were ascribed to fevers during 1904 as compared with 75,004 (14·22 per mille) in 1903. The largest number of deaths were recorded, for the first time since 1898, in November. There were recorded 3,748 deaths from *kala azar* as compared with 5,033 in 1903 and 6,319 in 1902, and only 257 cases of this disease were treated in the dispensaries during the year. According to the returns, it appears that the disease is most prevalent at present in the North Sylhet and Sunamganj subdivisions of the Sylhet district and in the Mangaldai subdivison of the Darrang district, but Major Hall, I.M.S., who was placed on special duty by the local Administration to enquire into its prevalence in South Sylhet, found that it was present in every village of the tract which he visited, and there is little or no doubt that the disease is more prevalent and widespread than the returns indicate. Since the close of the year under review Captain James, I.M.S., has published an account of his investigations upon malaria and *kala azar* in Assam, the opinions at which he arrives being briefly as follows:—(1) the prevailing idea that Assam as a whole is intensely malarious is wrong: a great portion is only slightly so and in some parts the disease does not occur; (2) true malarial cachexia must still be regarded as an important disease in India, but erroneous ideas regarding its signs and symptoms and its fatality have existed; (3) *kala azar* is a disease distinct from every other: it has no connection with malaria. In all probability the Leishman-Donovan parasite is present at some period in every case and very probably is the cause of the disease, but the proof is by no means complete. As regards Assam it appears that *kala azar* is at present most prevalent in the Sylhet district, but it is common also in the Goalpara, Kamrup, Darrang and Nowgong districts; (4) the geographical distribution in India of Oriental or Delhi sore and of *kala azar*, and therefore of the parasites found in these two diseases, do not correspond, and it is probable that the parasites of these diseases, although indistinguishable in appearance, are different species of a hitherto unknown group of organisms.

In the United Provinces 1,141,029 deaths (23·92 per mille of population) were ascribed to fevers during 1904, the rate being considerably lower than that of the previous year or of the antecedent quinquennium. The greatest number of deaths under this heading were recorded in October, which is usual, but the fewest were recorded in July, which is rare. The latter was the month in which plague was least prevalent in these provinces. The highest death-rate recorded in districts was 36·46 per mille in the Muttra district, and the highest in towns, 58·19 per mille, in the town of Brindaban in this district. Although plague was very prevalent in the Muttra district during the year, only ten deaths from it were recorded in the town of Brindaban as compared with 1,322 deaths recorded under the heading of fevers.

In the Punjab the total number of deaths recorded as due to fevers during 1904 was 378,405, or a ratio of 18·82 per mille of population, as compared with a total of 509,307 and a ratio of 25·33 per mille in 1903. Chiefly on account of this great diminution in the mortality recorded under fevers, the total mortality in the Punjab from all causes during 1904, despite the very great increase in the number of deaths from plague, was only very slightly higher than in 1903. The greatest number of deaths from fevers were recorded in January and the fewest in August. Nearly all the districts shared in the reduction in mortality from fevers, but the decrease was especially great in the districts of Hissar, Ferozepore, Ludhiana, Rohtak, Karnal, Lahore, Ambala and Gujranwala, in most of which the monsoon rainfall was very scanty.

The North-West Frontier Province was the only one in which the recorded death-rate from fevers in 1904 was higher than in 1903, the total number of deaths and the death-rates in the two years being, respectively, 44,387 and 22·30 per mille in 1904, and 42,549 and 21·37 in 1903.

In the Central Provinces and Berar 169,171 deaths (13·54 per mille) were ascribed to fevers during 1904, as compared with 190,707 (15·27 per mille) during 1903. The ratio for 1904 is lower than in seven of the previous nine years. The largest number of deaths were recorded in November and fewest in July, but the differences in the monthly figures throughout the year were not great, and the provincial Sanitary Commissioner says it is probable that during the first quarter the death-rate from fever was kept up by the inclusion under this heading of numerous deaths from plague, and similarly in the second quarter by the inclusion of deaths from influenza, measles and respiratory diseases.

In the Madras Presidency in 1904, the death-rate recorded from fevers, 8·0 per mille of population, was, as usual, lower than in any other of the chief provinces. The total number of deaths recorded was 293,269 as compared with 314,926 in 1903, but a lower number than that in 1904 was recorded in seven of the nine preceding years. As frequently happens the greatest number of deaths from fevers occurred in January, but for the first time for many years the lowest number was recorded in October. The highest ratios recorded in districts were 17·0 per mille in Ganjam and 16·2 per mille in Vizagapatam ; in the latter district there were two towns in which ratios of over 21 per mille were recorded.

In Lower Burma the recorded death-rate from fevers was 9·91 per mille as compared with 10·14 per mille in 1903, and in Upper Burma it was 7·05 as compared with 7·63.

In the Bombay Presidency 251,330 deaths (13·60 per mille) were ascribed to fevers in 1904 as compared with 259,704 (14·05 per mille) in 1903. The highest death-rates in districts were recorded in Ahmedabad (26·7 per mille), Broach (21·85 per mille), Kolaba (20·51) and Surat (20·18) and the highest in towns with a population above 10,000 in Ahmedabad (26·62 per mille), Surat (24·76) and Larkhana (24·55).

Both in Ajmer-Merwara and in Coorg the recorded death-rates from fevers were lower than in the previous year.

Sale of quinine.

143. In Bengal there was an increase in the number of packets of quinine sold during 1904 as compared with the sale during 1903, the number of parcels (each containing 102 seven-grain packets) disposed of in 1904 being 38,041 as compared with 28,595

parcels in 1903. In this province steps are being taken to secure a wide distribution of quinine through the agency of village school masters.

In Assam the sale of quinine decreased somewhat during 1904, a total of 1,208 parcels being disposed of as compared with 1,547 parcels in 1903. It is stated that in this province a scheme for increasing the sale of quinine is being matured.

In the Central Provinces the sale of quinine shows a steady increase, 4,781 parcels each containing 101 five-grain powders being sold in 1904 as compared with 3,550 in 1903 and 2,681 in 1902. In Berar, however, only 1,949 parcels were sold, or 1,373 less than in 1903.

In the United Provinces 586,441 powders each costing one pice were sold during 1904 as compared with 236,131 in 1903. Of the powders 25,196 contained five grains of quinine each and 561,245 contained seven grains. Quinine was sold in all districts at post offices, and in addition it was sold by vaccinators in 34 districts and by landlords in nine.

In the Punjab quinine was, as usual, gratuitously distributed in a number of districts, but no information regarding the sale of the drug is contained in the provincial Sanitary Commissioner's report.

In Burma 168,857 five-grain powders of quinine at three pies each were sold in 1904 as compared with 192,751 in the previous year.

Details are wanting regarding quinine sales in the North-West Frontier Province, Madras and Bombay.

Dysentery and diarrhœa. Table III of Appendix B.

144. The number of deaths recorded in British territory under the heading dysentery and diarrhœa fell from 273,459 in 1903 to 240,655 in 1904, and the death-rate per mille of population from 1·21 to 1·06. A lower mortality than in 1903 was recorded in all the provinces except Assam, the North-West Frontier Province and Bombay. In India generally the largest number of deaths were recorded under this heading in August and the smallest number in March, but as regards individual provinces this was the case only in Lower Burma. The months of greatest and least prevalence in other provinces were, respectively, in Bengal, January and June; in Assam, November and February; in the United Provinces, May and February; in the Punjab, October and March; in the Central Provinces, August and June; in Madras, January and October; and in Bombay, August and January.

In Bengal the death-rate recorded from dysentery and diarrhœa in 1904, was ·64 per 1,000 of population, and the lowest since 1899. As in 1903, the highest death-rates were recorded in the districts of Howrah and Darjeeling, and, as usual, the rates recorded in Patna, Cuttack, Puri, Calcutta and Hooghly were all high. Enquiries made by the provincial Sanitary Commissioner showed that the Civil Surgeons of these districts were unable to throw much light upon the causes of prevalence, but it appears that the prevalence of intestinal worms, sudden changes in temperature and humidity, and the consumption of coarse, irritating grain such as *makai* and millet were considered to conduce to the prevalence of dysentery and diarrhœa in some districts. In Assam as a whole the mortality from dysentery and diarrhœa during 1904 was higher than in 1903, but if the eight districts be considered separately the death-rate was higher in only four and lower in the same number. The ratios recorded in the districts of Lakhimpur (4·49 per mille), Nowgong (4·21) and Sibsagar (3·90) were much the highest for the year, and this is exceptional only as regards Nowgong. This was the only district in which the death-rate from dysentery and diarrhœa among the general population was higher than among the tea-garden population, and for the province as a whole the death-rate recorded among the general population was only about one-third that recorded among tea-garden populations. In the United Provinces the recorded mortality from dysentery and diarrhœa was considerably less than in the previous year, and the death-rate (·50 per mille) was lower than in any year since 1898. The death-rate recorded in towns was 1·76 per mille and in rural areas ·40 per mille. As in previous years the mortality was high in the districts of Garhwal (8·04 per mille), Almora (3·59) and Ballia (2·81). In the Punjab the death-rate from dysentery and diarrhœa recorded in 1904 was the lowest since 1891. The provincial Sanitary Commissioner says it is the usual experience in this province that when there is a decline in the death-rate from fevers there is likewise a falling-off in the mortality from dysentery and diarrhœa; and in 1904 the mortality from dysentery and diarrhœa was less in all districts in which there was a decrease in the death-rate from fevers. In the Central Provinces there was a considerable decline in mortality from dysentery and diarrhœa, but in Berar the same ratio was recorded as in 1903. In Madras the death-rate from dysentery and diarrhœa was the same in 1904 as in 1903, namely, 1·3 per mille, though the number of deaths recorded in 1904 was somewhat less. The death-rate recorded in municipalities was three times as high as in rural areas. In Bombay 61,470 deaths (3·33 per mille) were ascribed to dysentery and diarrhœa in 1904 as compared with 55,443 (3·0 per mille) in 1903, the number of deaths and the death-rate being, as usual, considerably the highest among the provinces for the year. While the number of deaths recorded as due to fevers in this presidency has declined remarkably since plague came to be a well recognised disease, the number recorded as due to dysentery and diarrhœa has increased, 246,991 more deaths from these diseases having been recorded in the six years from 1899 to 1904 than in the six from 1893 to 1898. In each of the last five years the largest numbers of deaths from dysentery and diarrhœa in this Presidency were recorded in August, but the lowest numbers were recorded in five different months. During 1904 high ratios were recorded in the districts of Khandesh (9·94 per mille), Nasik (7·31), Ahmednagar (6·08) and Sholapur (5·84). In Lower Burma the recorded death-rate from dysentery and diarrhœa in 1904 was 1·27 per mille as compared with 1·61 per mille in 1903, and in Upper Burma it was ·31 as compared with ·39. In Ajmer-Merwara 370 deaths were attributed to dysentery and diarrhœa; and in Coorg 90 deaths were recorded under this heading.

Papers and Books referred to in Section VI.

For explanation of abbreviations see end of Section II.

[1] Klein, L. G. B., 1903-04, page 368. [2] Liston. *Plague, Rats and Fleas.* Messrs. Thacker, Spink, & Co., Calcutta. [3] Thomson, L. G. B., 1903-04, page 328. Klein. *Nature*, Sept. 28, 1905, page 529. [4] Gotschlich. *Festschrift z. 60. Geburtstag von Robert Koch* quoted in Virchow's *Jahresbericht*, 1903, I. page 442. [5] Danysz, *A. P.*, April, 1900. [6] Bronstein, D. M. W., 1901, page 577. [7] Kolle, Z. H., *XXXVI*, 1901, page 413. [8] Markl, C.B., *XXXI*, 1902, page 204, [9] Kister and Köttgen, D. M. W., May 1901, page 275. [10] Krausz, D. M. W., 1901, page 351. [11] Klein and Williams, L. 1901, Vol. II, page 440. [12] Dr. Lydia Rabinowitsch and Kempner, D. M. W., 1903, page 51. [13] Besredka, B. I. P., 1903, page 180. [14] Issatschenko, C. B., *XXIII*, page 873. [15] Bahr, C. B., *XXXIX*, *Orig.*, page 263.

SECTION VII.

GENERAL HISTORY OF VACCINATION.

Vaccination in India.

145. The total number of vaccination operations performed by all agencies in India during the season 1904-05 was 8,944,749, as compared with 8,457,298 during the preceding year, and 8,431,564 during 1902-03. There was an increase in every province except the North-West Frontier Province, where the decrease is attributable to the exceptional amount of work done in the previous year when small-pox was severely prevalent, especially in Chitral. In most provinces the increase was limited to primary vaccinations, but in Madras, Bombay and Ajmer-Merwara there was an increase in both primary and revaccination operations. In the North-West Frontier Province there was a decrease in both classes of operations, and in Burma a decrease in the number of primary operations, but an increase in the number of revaccinations.

The number of primary operations performed in 1904-05 was 8,351,257, and the number of revaccinations 593,492, as compared, respectively, with 7,916,262 and 541,036 in the preceding year. Plague was rife in many provinces, especially in Bombay, the Punjab and the United Provinces, but, except in a few districts, its presence did not interfere greatly with vaccination. The mean number of vaccinations performed by each vaccinator rose from 1,458 in 1903-04 to 1,487 in 1904-05, ranging from 2,758 in the Punjab to 980 in Ajmer-Merwara.

The number of operations performed at dispensaries rose from 195,730 to 203,705, which includes 127,150 operations performed in Bengal, 22,528 in the Central Provinces and Berar, 21,169 in Assam, 15,562 in Burma, 12,813 in Madras, and 3,242 in Bombay. In the remaining provinces little or no vaccination was done at dispensaries.

The mean percentage of success in primary operations rose from 95·05 to 96·04, ranging from 99·17 in the Punjab and 99·08 in Ajmer-Merwara, to 87·38 in Madras and 84·67 in Burma. The mean percentage of success in revaccinations from 68·19 to 74·71, the rates recorded in different provinces ranging from 86·51 in the United Provinces, 86·43 in Coorg and 86·28 in Ajmer-Merwara, to 61·63 in Bengal and 47·99 in Burma.

The mean proportion of the population successfully vaccinated rose from 33·32 per mille in 1903-04 to 34·79 in 1904-05, the highest rate being 53·65 per mille in Coorg and the lowest 27·38 in Bombay. Estimating the birth-rate in each province at 40 per mille of population, the percentage of infants protected during the year 1904-05 was 42·46, against 39·53 in the preceding year, but the percentages in individual provinces differed widely, ranging from 76·59 in the Central Provinces and Berar to 16·39 in Coorg.

The practice of inoculation is still carried on to some extent, especially in the North-West Frontier Province, in parts of Assam, and in Burma. In the North-West Frontier Province an attempt is being made to teach the inoculators proper vaccination methods, and it is said that in some districts the attempt has been attended with a measure of success. In Assam the local Administration has under consideration the proposal to prohibit the practice in all rural areas. In many parts of Burma inoculation is popular, but it is said that the general attitude of the people towards vaccination is one of apathetic indifference rather than of active hostility.

The total cost of the special vaccination establishments in the different provinces amounted to Rs. 12,03,674, as compared with Rs. 11,61,233 in 1903-04; and the average cost of each successful case ranged from one anna and one pie in Bengal, to seven annas and nine pies in Bombay.

Vaccine lymph.

146. In the paragraphs dealing with the different provinces, details will be found regarding the kinds of vaccine material in use in India, and here it is necessary only to enumerate the chief features of interest relating to the supply of lymph in the year under review. These are, (1) the success which has attended the use of chloroformed glycerinated vaccine in the Punjab and in some other provinces; (2) the opening of the central bovine lymph depot at Patwa Dangar, in the Naini Tal district, for the supply of vaccine to all parts of the United Provinces; (3) the opening of the vaccine section of the King Institute of Preventive Medicine in Madras, from which vaccine is now supplied to the whole presidency; and (4) the further progress of the scheme for an animal vaccine depot for the supply of preserved lymph to the Bombay Presidency.

Bengal.

147. The total number of vaccination operations performed in Bengal during the season 1904-05 was 2,897,907, as compared with 2,748,638 in the preceding season. Of the total operations performed 2,798,006 were primary and 99,901 revaccinations, the corresponding figures in 1903-04 having been 2,634,563 and 114,075—an increase of 163,443 primary operations and a decrease of 14,174 revaccinations. In 29 districts the total number of operations performed was greater than in the previous year and in 20 districts it was less. Noticeable increases were recorded in the districts of Midnapur (35,325), Cuttack (28,702), Balasore (19,894) and Noakhali (19,865), while the greatest decreases in the number of operations performed occurred in the districts of Puri (11,029), Rangpur (9,822) and Shahabad (9,210). In these districts and in others where smaller decreases occurred the falling off was attributed generally to negligence of the staff, to sickness among the vaccinators, to the prevalence of various diseases among the general population, or, in some cases, to the diminution in the prevalence of small-pox. As regards the last of these reasons it is pointed out by the local Government that in Bengal there is no relation between the number of operations performed and the varying prevalence of small-pox, that the greatest success has been attained in districts which are least affected by that disease, and that the statistics do not show that an epidemic of the small-pox results in a larger number of vaccination operations being performed. In the opinion of the local Government the real factors which affect the results are the efficiency of the staff and the degree of supervision exercised, and in this connection proposals for raising the status of the inspecting officers as well as a scheme for the better training of the vaccinators and inspecting staff, and for the more extended use of calf lymph are either under their consideration or have been submitted for the consideration of the Government of India. A system under which rewards are given to vaccinators has also been introduced.

The ratio of success in primary operations was 98·80 per cent., as compared with 98·18 per cent. in the previous year; and in revaccinations it was 61·63 per cent. as compared with 66·40.

Vaccination was carried on during the year with fresh calf lymph, with calf lymph mixed with lanoline, and with human lymph by the arm-to-arm process, the vast majority of the operations, 2,200,586, coming under the last of these headings: 238,446 operations were performed with fresh calf lymph and 458,875 with lanolinated lymph. The percentage ratios of success with fresh calf lymph, with lanolinated lymph and with human lymph were, respectively, in primary operations, 99·11, 95·51 and 98·57; and in revaccinations 68·84, 51·79 and 58·49. Estimating the number of children available at 40 per thousand of the census population, 34·41 per cent. were successfully vaccinated in 1904-05, as compared with 29·36 per cent. in 1903-04. The improvement in this respect, however, was limited to rural areas; in municipalities there was a falling off, and in Calcutta only about one-fourth of the available infant population were vaccinated during the year.

No information is given in the provincial report of the quantity or quality of the lymph supplied from the Calcutta and Darjeeling depots during the year. Arrangements are being made to increase the supply of vaccine material, and, in order to obviate deterioration through age, to issue it to vaccinators direct instead of through superior officers. From the Darjeeling depot 190 grains of lymph paste were supplied to the Nepal Darbar and 530 grains to the Sikkim State.

The cost of the department rose from Rs. 1,84,988 in 1903-04 to Rs. 1,90,198, but the cost of each successful case was the same in both years, *viz.*, one anna and one pie.

Assam.

148. During the season 1904-05 the total number of vaccination operations performed by all agencies in Assam was 298,102, which includes 294,702 primary operations and 3,400 revaccinations, an increase of 21,225 primary and a decrease of 1,925 revaccination operations as compared with the figures of the previous year. The percentage of success in primary cases was 98·80 and in revaccinations 79·82, against percentages of 97·87 and 81·86, respectively, in 1903-04. In seven of the 13 districts there was an increase in the amount of vaccination work done and in six a decrease. In Darrang the decrease was attributed to the illness of a vaccinator, to the late receipt of the lymph, and to the incompleteness of the returns from tea-gardens; in Sibsagar to the non-receipt of returns from 14 tea-gardens; in Lakhimpur to a falling off in the amount of vaccination work done in tea-gardens; in the Khasi Hills to an outbreak of cholera; and in the Lushai Hills and Manipur to the unpopularity of vaccination among the inhabitants of those districts.

The number of operations performed by dispensary staffs was 21,169, which is 91 more than in 1903-04, but in several districts, notably Nowgong, Cachar and Darrang, there was a considerable falling off in the number of operations done at dispensaries. By the tea-garden agencies 14,080 operations were performed, as compared with 15,550 in the previous year and 18,696 in 1902-03.

The number of infants protected during 1904-05 was 27·89 per cent. of the total number of births, estimated at 40 per mille of the census population, against 26·29 per cent. in 1903-04.

Of the total number of primary operations performed, the results of 9·52 per cent. were inspected by Civil Surgeons, who found 97·72 per cent. of the cases successful.

At the vaccine depot in Shillong 444,404 tubes of lymph were filled during 1904-05 as compared with 429,080 in the preceding year, although the number of calves purchased was less by 55 than in 1903-04. The quality of the lymph was excellent throughout the year.

The cost of the department was Rs. 25,491, which is Rs. 1,110 more than the cost during 1903-04, but the cost of each successful vaccination fell from one anna and nine pies in 1903-04 to one anna and seven pies in the year under review.

Inoculation is still practised in some parts, especially in the Surma Valley, but the provincial Sanitary Commissioner is of opinion that even in this portion of the province the people are beginning to realise the danger of the practice and to adopt vaccination on account of its greater safety ; and the local Administration had under consideration the proposal to prohibit inoculation in all rural areas, as well as the expediency of substituting salaried vaccinators for the few men who are still licensed to practise vaccination.

United Provinces.

149 In spite of plague having been considerably more prevalent and widespread in the United Provinces, the total number of vaccination operations performed rose from 1,667,104 in 1903-04 to 1,671,760 in 1904-05. The increase was in the number of primary operations which rose from 1,564,469 to 1,577,931, while the number of revaccinations fell from 102,635 to 93,829. The percentage of success was 97·62 in primary operations, as compared with 97·83 in the previous year, and in revaccinations it was 86·51 as compared with 88·21. In 31 districts there was an increase in the number of successful primary operations, and in 17 (including the native state of Tehri-Garhwal) a decrease, due, in the cases in which the falling off was greatest, to the prevalence of plague. The average number of operations performed by each vaccinator during 1904-05 was 1,835, against 1,837 in the previous year and 1,839 in 1902-03. In addition to the work done by the special staff, 418 operations were performed by the medical subordinates at dispensaries. The number of infants successfully vaccinated during the year was 52·11 per cent. of the estimated number available, as compared with 50·33 per cent. in 1903-04 ; but in municipalities the rate fell from 98·2 to 89·6.

The new central lymph depot at Patwa Dangar (Naini Tal) was opened in May 1904, and the first supply of lymph was issued on the 10th of June ; between this date and the 31st of March 1905, there were sent out from the depot 21,049 tubes of glycerinated lymph, and 1,185 grains of lanoline lymph paste which was issued only on special requisition. The reports regarding the results obtained with the earlier issues of the lymph were incomplete, but 2,370 primary operations were performed with glycerinated lymph issued between the 1st of January and the 31st of March 1905, with a percentage success of 93·33 ; and in 886 revaccinations performed with lymph from the depot the percentage of success was 63·87. New filling and mixing apparatus has recently been received from England and it is hoped that the use of this will ensure even better results being obtained. Now that lymph can be supplied from this depot in sufficient quantity to meet the requirements of the whole province it has been ordered that the depots at Allahabad and Bahraich shall be closed ; but the depot at Lucknow is being retained for the present.

The cost of the department during the year was Rs. 1,48,638, against Rs. 1,43,817 in 1903-04, the increase being caused chiefly by expenses in connection with the new depot referred to above. The cost of each successful case was one anna and six pies as compared with one anna and five pies in the preceding year.

Punjab.

150. Vaccination in the Punjab received a serious check from the outbreak of plague, but in the continued presence of the disease there has been a steady yearly increase in the number of operations performed; in 1902-03, the number was 667,544, in 1903-04 it was 685,105, and in 1904-05 it was 719,771. It is said that the number recorded in 1904-05 would have been larger but that the statistics from the Kangra district for February and March were not submitted on account of the earthquake of the 4th April 1905. During 1904-05, primary operations numbered 582,019, and revaccinations 137,732, as compared, respectively, with 604,204 and 80,901 in the previous year; and the percentage of success in primary operations was 99·17 and in revaccinations 81·04, as compared with 99·13 and 76·25. Of the primary operations 53 per cent. were performed on males and 47 per cent. on females, while of the revaccinations the percentages were 70 and 30 respectively. The most noticeable feature of the returns for 1904-05 is the increase in the number of revaccination operations performed, which was due largely to vaccinators being required to work on a more systematic plan under which the inhabitants of one-eighth part of each district will be revaccinated every year.

Estimating the birth-rate at 40 per mille, 56·25 per cent. of the infant population were protected during the year, as compared with 58·23 per cent. in 1903-04.

The provincial Sanitary Commissioner inspected the results of 1,865 primary operations and of 1,140 revaccinations and found 99·36 per cent. of the primary cases and 87·63 per cent. of the revaccinations successful; the Deputy Sanitary Commissioner verified 6,119 primary operations and 547 revaccinations of which 98·27 and 68·01 per cent., respectively, were found successful; Civil Surgeons found 98·69 per cent. of the primary and 74·06 per cent. of the revaccination operations inspected by them to have been successful, Superintendents of Vaccination 98·45 and 77·07 per cent, respectively, and Divisional inspectors 97·66 and 65·42 per cent. respectively.

At the provincial lymph depot chloroformed glycerinated lymph of reliable quality is now prepared. An additional grant has been made by the local Government in order to extend the animal lymph depot at Lahore, and it is hoped that it will be possible to supply the requirements of at least three districts with lymph from this depot during the coming year.

The total cost of the department during 1904-05 was Rs. 92,689, against Rs. 92,017 in 1903-04; and each successful operation cost two annas and four pies in both years.

The numbers of operations performed in the larger native states were as follow: in Patiala 48,490 primary operations and 30,992 revaccinations; in Bahawalpur 20,065 operations, nearly all being primary; in Kapurthala 4,827 primary operations and 6 revaccinations; in Faridkot 5,488 primary operations and 368 revaccinations; and in Jhind 6,697 primary operations.

North-West Frontier Province.

151. The total number of vaccination operations performed by all agencies in the North-West Frontier Province during 1904-05 was 77,042, which is considerably less than in the previous year when 99,176 operations were performed. The decrease is due mainly to the much smaller amount of vaccination done in the trans-frontier political agencies where in 1903-04 no fewer than 27,567 successful operations

were performed as compared with only 2,479 successful cases in the year under review. Of the total number of vaccinations performed in the province during the year, 74,267 were primary operations and 2,775 revaccinations, as compared, respectively, with 93,096 and 4,914 in the previous year. The percentage of success in primary operations was 98·96, against 92·67, and in revaccinations 75·39 against 79·91. In the districts of Hazara, Mardan, and Dera Ismail Khan a larger number of primary operations were performed than in the previous year, but there was a decrease in the amount of work done in Peshawar, Bannu and Kohat. In Peshawar the prolonged cold weather and the slight prevalence of small-pox may have deterred people from bringing their children to be vaccinated. The advisability of bringing the Vaccination Act into force in Peshawar city as well as in other towns to which it has not, as yet, been extended, is fully recognised by the local Administration, but it is considered that the initiative should be taken by the local bodies concerned.

In the three municipal towns in which the Vaccination Act is in force 76·0 per cent. of the estimated available infant population were successfully vaccinated during the year.

Calf lymph was used in the great majority of the operations, with a percentage success in primary cases of 95·4; vaselinated lymph and human lymph were also used, the percentage of success with the former being 90·1 and with the latter 98·2.

The cost of the department during 1904-05 was Rs. 11,223 or Rs. 3,261 less than in 1903-04; and the cost of each successful operation was two annas and five pies as compared with two annas and six pies in that year.

Central Provinces and Berar.

152. The total number of vaccination operations performed during 1904 05 in the Central Provinces and Berar, including the work done in the Feudatory States, was 689,797, as compared with 646,305 in the previous year, and 605,115 in 1902-03. The increase has been limited to primary operations; in revaccinations the figures have diminished from 89,491 in 1902-03 and 98,493 in 1903-04, to 83,315 in the year under review. The recorded percentage of success in 1904-05 was 98·73 in primary operations and 73·78 in revaccinations, as compared with 98·52 and 74·32, respectively, in the previous year.

Excluding the statistics of work in the Feudatory States, of which the accuracy is doubtful, there were performed 510,937 primary operations, an increase of 54,422 as compared with the figures of 1903-04, and 56,564 revaccinations, a decrease of 14,294. The percentages of success claimed by vaccinators in the Central Provinces and in Berar, respectively, were, in primary operations, 99·31 and 97·45, and in revaccinations 85·00 and 17·11. Among the reasons suggested to account for this great difference in the degree of success claimed in revaccination in the Central Provinces and Berar, was that in Berar lanolinated lymph was used, whereas in the Central Provinces extensive use was made of glycerinated lymph, which is considered to be better; but the provincial Sanitary Commissioner points out that the results were returned as "unknown" in 25·22 per cent. of cases in Berar and in only 4·99 per cent. of cases in the Central Provinces, and that the great differences in the percentages of success in revaccinations claimed in different districts show that diverse views are held as to what constitutes a successful revaccination. Further enquiry into the matter is being made.

In the Central Provinces the average number of operations performed by each vaccinator was 1,925 and in Berar 3,445, the reasons given for this larger amount of work per man being that in Berar the vaccinators get their supplies of lymph from the local depot at Amraoti and can therefore devote all their time to the actual work of vaccination; and also that in Berar the population is less scattered than in the Central Provinces. It is said that improved arrangements for the supply of lymph in the Central Provinces are leading to an increase in the amount of work done by individual vaccinators.

On an estimated birth-rate of 40 per mille of population, 76·59 per cent. of the infants available were successfully vaccinated during 1904-05, as compared with 66·73 per cent. in the previous year. The Vaccination Act is in force in 49 of the 57 towns, and 86·16 per cent. of the available infants in these towns were successfully vaccinated during the year.

In Berar only lanolinated calf lymph was used, but in the Central Provinces operations were performed with fresh calf lymph, with glycerinated calf lymph, with human lymph, and with lanolinated lymph. The use of glycerinated calf lymph has steadily increased during recent years, and in 1904-05 more than three-fourths of the total operations were performed with it. The lanolinated lymph issued from the Amraoti depot in Berar was, at times, and especially at the commencement of the vaccination season, more or less inert, and the use of glycerinated lymph will now be extended to this portion of the provinces.

The total cost of the department was Rs. 67,068, against Rs. 67,338 in 1903-04; and the cost of each successful operation was one anna and nine pies, against one anna and ten pies in that year.

Madras.

153. In Madras, the total number of vaccinations performed by all agencies, which was 1,309,985 in 1903-04, rose in 1904-05 to 1,483,269, of which 1,406,989 were primary operations and 76,280 revaccinations, the numbers under these headings in the previous year having been 1,240,655 and 69,330, respectively. The percentages of success in primary operations and in revaccinations were 87·38 and 74·51 in 1904-05, as compared with 89·02 and 68·95 in the previous year.

Of the various lymphs in use in primary operations during the year the highest percentage of success, 98·7, was obtained with fresh calf lymph, the next highest rate, 97·4, being obtained with locally prepared glycerinated lymph, which, however, when employed in local fund areas was successful in only 84·8 per cent. of cases. The percentage of success with lanolinated lymph supplied by the King Institute of Preventive Medicine was 86·6 in local fund areas and 91·3 in municipalities. In the Nilgiris the percentage of success obtained with this lymph was 99·1 and in Malabar 97·4, while in Godavari the percentage was as low as 78·4 and in Coimbatore 78·5. It was shown that such low rates of success were due, in most cases, not to the inefficacy of the lymph but to careless handling and want of skill on the part of vaccinators, many of whom, it is said, had never seen preserved vaccine before, whilst others had had no experience of the use of material of the consistency of lanoline paste.

The number of infants protected during the year was only 28·29 per cent. of the estimated number available, as compared with 27·57 per cent. in 1903-04, but in municipalities 66·5 per cent. of the infants available were successfully vaccinated.

In Madras the chief interest of the vaccination history for the year is that, for the first time, the greater portion of the vaccine material required in the Presidency was manufactured in the recently opened vaccine section of the King Institute at Guindy. During the year 1,478,448 cases of vaccine were issued from the Institute, and during the later months of the vaccination season the out-put of vaccine was at the rate of over one and-a-half million cases per annum.

The total cost of the department during the year was Rs. 2,77,371 against Rs. 2,65,625 in 1903-04, but the cost of each successful case fell from three annas and nine pies to three annas and seven pies, this decrease being attributed to the economy with which a large amount of vaccine material can be manufactured in a single institute as compared with the cost of its manufacture in a number of small depots in different parts of the Presidency. The reduction of two pies in the cost of each successful case represents a total saving of Rs. 12,944 during the year. A benefit of even greater importance will be the larger number of successful results in vaccination operations which will be obtained by the use of vaccine lymph prepared by the skilled staff at the Institute, and upon the success attending the operation depends in great measure the popularity of vaccination among the people.

Coorg.

154. The total number of vaccinations in Coorg, which had fallen to 9,653 in 1903-04, rose in 1904-05 to 10,378, of which 8,901 were primary operations and 1,477 revaccinations, the percentage of success in the former class of operation being 95·99 and in the latter 86·43 as compared with percentages of 93·47 and 79·13, respectively, in the preceding year. The cost of the department was Rs. 2,769 against Rs. 2,667 in 1903-04, but the cost of each successful case fell from five annas to four annas and eight pies.

Bombay.

155. In spite of the continued presence of plague in the Bombay Presidency there has been a steady increase in the amount of vaccination done in recent years; in 1902-03 the number of operations performed was 578,885; in 1903-04 it was 587,933, and in 1904-05 it was 669,007. Of the number performed in 1904-05, 607,064 were primary operations and 61,943 revaccinations, the figures for both classes of operation being considerably higher than in the previous year. The percentages of success reported by vaccinators in primary and in revaccination operations, respectively, were 98·52 and 79·12, against 92·51 and 55·02 in 1903-04. The increase in revaccination occurred chiefly in Bombay City where small-pox prevailed in epidemic form during the year.

On an estimated birth-rate of 40 per mille of population, 52·99 per cent. of infants available were successfully vaccinated during 1904-05, as compared with a percentage of 48·72 in the previous year; and the average number of operations performed by each vaccinator rose from 1,377 to 1,549.

The majority of the operations were performed as usual with human lymph, but calf lymph, lanolinated lymph, and glycerinated lymph were also used in nearly all the registration districts. Vaccination with preserved lymph, both lanolinated and glycerinated, was carried out chiefly in the southern registration district, and a temporary depot for the manufacture of this lymph has been established at Belgaum. Arrangements are being made to extend the use of preserved lymph thoughout the Presidency; and a scheme for the establishment of a permanent depot is under the consideration of the local Government.

The cost of the department was Rs. 2,85,418 against Rs. 2,69 068 in 1903-04, but the cost of each successful case fell from eight annas and two pies to seven annas and nine pies.

Burma.

156. The total number of operations performed in Burma in 1904-05 was 413,003 against 412,564 in the previous year, the number of primary operations having been 380,686 against 384,722, and the number of revaccinations 32,317 against 27,842. The increase was therefore entirely in revaccination work, and there was an improvement in the results obtained in this class of operation, the percentage of success being 47 99 as compared with 43·65 in 1903-04; but in primary operations the percentage of success fell from 84·98 to 84 67. The mean number of operations performed by each vaccinator was 1,706 as compared with 1,780 in the previous year.

The supply of lymph for the whole province was obtained from the central depot at Meiktila where 252 calves were inoculated during the year, but from only 183 of these was lymph fit for issue obtained. At the end of May the inoculation of calves failed, and the supply of lymph stopped for nearly a month. The difficulties both in supplying good lymph and in obtaining successful results in vaccination are much increased during the hot weather and the rains, and it has been suggested that it might be advisable in these months to limit vaccination to areas where there are outbreaks of small-pox and to places with easy distance from the depot.

The expenditure on the department rose from Rs. 94,331 in 1903-04 to Rs. 1,00,150, and the cost of each successful case from four annas and seven pies to five annas and two pies.

Ajmer-Merwara.

157. The number of vaccination operations performed in Ajmer-Merwara in 1904-05 was 14,713, of which 14,210 were primary operations and 503 revaccinations. In the previous year a total of 13,199 operations were performed, of which 13,111 were primary cases and only 88 revaccinations. The percentages of success claimed in 1904-05 were 99·08 in primary operations and 86·28 in revaccinations, as compared with 99·17 and 82·95 in 1903·04. The department cost Rs. 2,659 against Rs. 2,517 in the previous year, but the cost of each successful case fell from three annas and three pies to two annas and eleven pies.

Vaccination among troops.

158. The statistics of vaccination in the army will be found in statement No III. of the Appendices to this section.

SECTION VIII.

SANITARY WORKS.

Bengal.

159. The figures relating to expenditure on sanitary works in Bengal have reference, not to the calendar year, but to the official year ending on the 31st of March 1904. Excluding Calcutta, and including the two new municipalities of Ulubaria and Halishahar, there were 161 municipalities in this province during 1903-04, as compared with 159 during the previous year; and the total income, including the opening balances in both years, rose from Rs. 49,50,383 in 1902-03 to Rs. 54,98,182 in the year under review. Of this total, 40·17 per cent. was spent on original and recurring sanitary works, 8·82 per cent. on roads, 4·39 per cent. on the public safety, and 31·69 per cent. on all other requirements, the corresponding percentages for 1902-03 having been 43·01, 9·56, 5·40, and 27·09, respectively.

The total expenditure on sanitary works rose from Rs. 23,99,229 in 1902-03 to Rs. 25,43,005 in the year under review, and of this amount Rs. 13,00,982 were spent on conservancy, Rs. 4,35,977 on water-supply, Rs. 1,66,997 on drainage, and Rs. 5,02,419 on treatment of the sick. As compared with 1902-03, there was an increase of Rs 78,102 in the expenditure on conservancy, of Rs. 75,546 in the expenditure on water-supply, and of Rs. 6,200 in the sum devoted to treatment of the sick, while there was a decrease of Rs. 894 in the expenditure on drainage.

The increased expenditure on water-supply was due to the purchase of new machinery for the water-supply works of Howrah, Nasirabad and Berhampur, as well as to expenses in connection with the completion of the filtered water-supply scheme for the South Suburban municipality and in connection with the further progress of the scheme for increasing the water-supply of Darjeeling. Considerable activity is being displayed in the improvement of water-supplies in urban areas generally; new wells and tanks have been excavated or old ones cleaned out, and greater attention is paid to the necessity of protecting sources of supply against pollution. At Burdwan the slight turbidity which, during certain seasons of the year, is present even in the filtered water, was successfully removed by the use of alum.

An increase in the conservancy staff and the purchase of new carts and animals at Howrah, and the acquisition of land for trenching purposes at Cossipore. Chitpur, were mainly responsible for the increased expenditure on conservancy. In six other municipalities, also, the expenditure under this heading was considerably greater than in 1902-03, the increase being due chiefly to the purchase of new conservancy carts.

Improvements in general conservancy arrangements, especially in the arrangements for the proper disposal of house rubbish and street sweepings, are being effected almost everywhere; the roads, also, are being well looked after. As regards the disposal of night-soil the trenching system is more or less properly carried out in most municipalities. In 149 of the 161 municipalities there are suitable trenching grounds, which in 117 municipalities are cultivated either under municipal direction or by cultivators to whom they are leased out at an enhanced rental. The septic tank system of sewage disposal has been adopted in many of the mills situated on both banks of the river Hooghly, into which the effluents are discharged. In April 1904 the local Government appointed a committee to report on the working of the existing septic tank installations in Bengal and on their recommendation further experiments are being conducted to ascertain whether the effluents from the tanks can be rendered innocuous by sand filtration. During the year septic tanks were constructed in Dacca and Muzaffarpur; and the tanks in the coolie lines in Narainganj town were in good working order.

Many useful sanitary works were carried out in different places by municipalities, by district boards, by Government, and by private individuals during the year, the expenditure in towns amounting to Rs. 6,51,320, or nearly double the amount spent during 1902-03, and in rural areas to Rs. 6,67,692, or about Rs. 28,000 more than in that year. Fifteen important sanitary works, each costing Rs. 5,000 or more were completed during the year.

An endeavour is being made in some municipalities, notably Bhatpara, Tittaghur, Maniktala and Garden Reach, to improve the sanitary condition of *bastis*, the provisions of section 245 of the Bengal Municipal Act being applied for this purpose. In these insanitary villages new roads are being made, tanks filled up, insanitary latrines demolished, and houses removed to open up overcrowded areas and to enable conservancy carts to be taken through the village. Such measures involve a comparatively small outlay of money and, when accompanied by the introduction of bye-laws regulating building, are of permanent benefit.

Sanitary Board.

The Board held only one meeting during the year, the work being done by the circulation of files to the members. The principal matter discussed at the meeting was the alleged pollution of the river Hooghly by the effluents of the septic tanks on the river banks. As already noted, experiments in regard to this matter are being conducted on the recommendation of the special committee appointed by Government.

Among the more important preliminary estimates prepared under the orders of the Board during the year were the following:—

The Puri water-supply works.—This scheme contemplates the supply of water to the whole town at a cost of Rs. 2,40,500. Experiments have shown that a plentiful supply of good water can be obtained from wells sunk in the sandy soil near the sea.

The improvement of the water-supply of Pabna.—The introduction of filters was estimated by the Sanitary Engineer to be possible at a cost of about Rs. 50,500.

Scheme for a filtered water-supply at Khulna.—To improve the supply and improve its quality the municipality proposed the construction of filter beds similar to those at Faridpur: an outlined scheme drawn up by the Sanitary Engineer was forwarded to the Municipal Commissioners to work out for approval.

The Puri drainage scheme.—Detailed estimates were prepared at an estimated cost of Rs. 2,15,812, while the scheme for the *Improvement of the Swet Ganga bathing tank* in the town was effected at a cost of Rs. 2,343. The details of the scheme for the *Barisal water works* were taken in hand during the year.

Among the projects considered during the year was the *Bagjala drainage scheme* designed to drain an area of 30 miles north of Calcutta at a cost of

Rs. 4,00,000: the matter is in abeyance pending the result of fresh enquiries instituted by Government. The estimate of the *Hooghly-Chinsura drainage scheme* originally supplied by the Board in 1895 was shelved till 1902, and finally submitted to the Board for opinion in February 1904; the Board recommended, with certain reservations, that administrative sanction should be accorded to the final estimate amounting to Rs. 1,50,000. The *Bettiah drainage scheme*, which had been held in abeyance since 1892, was submitted for opinion as to whether a practical scheme could be prepared and was returned for a proper survey, while the *Berhampore drainage scheme* was returned for remodelling, as also was the *Rangpur drainage scheme*, which being defective, was returned for re-examination. The *English-Bazar drainage scheme* not having been prepared on sound lines was also returned. The Board examined and approved the *Behar drainage scheme* which is estimated to cost Rs. 88,200. The Sanitary Engineer advised on the *Kurseong water-supply improvement scheme*; and the *Daltongange water works project* was approved of by the Board and sanctioned by Government. The remodelling of the *Darjeeling water works* was also approved during the year. The Board also advised on the septic tank latrine for the Garden Reach Municipality. As usual, the Sanitary Engineer made numerous visits of inspection during the year.

Assam.

160. The total income of municipalities, excluding four subdivisional towns without separate incomes, was Rs. 2,43,392, or Rs. 6,769 more than in 1903, and of this 69·32 per cent. was expended on sanitary works. Rs. 1,20,234 or 44·25 per cent. was spent on direct sanitation, the percentage of income spent similarly in 1903 having been 43·62 per cent. The expenditure on vaccination was Rs. 3,033, on drainage Rs. 20,963, on water-supply Rs. 21,923 and on conservancy Rs. 70,351: the corresponding figures for the preceding year were Rs. 2,577, Rs. 11,083, Rs. 19,286 and Rs. 72,965, respectively. Four municipalities spent more than half of their incomes on sanitation proper, the lead being taken by Dibrugarh where the expenditure was 69·53 per cent. of income.

The only work of importance undertaken during the year was the new water works scheme for the town of Gauhati.

Sanitary Board.

One meeting only was held of the Sanitary Board at which the disposal of nightsoil and the use of village sanitary inspection books were discussed.

United Provinces.

161. The sum of Rs. 26,05,237, which represents 36 per cent. of income, was spent by 104 municipalities on conservancy, plague measures, water-supply and drainage. The total expenditure on water-supply was Rs. 5,00,932, on drainage Rs. 7,16,176 and conservancy, including road watering, Rs. 12,61,023.

The extension of the clear water reservoir in connection with the Agra water works as well as the construction of a fifth filter were taken in hand, and it is suggested that a fifth settling tank should be provided when opportunity offers. These measures will place the Agra works on a satisfactory footing for many years to come. There was a saving of Rs. 5,745 on coal, but the cost of 1,000 gallons of filtered water was 1·55 annas against 1·47 annas in the previous year: the net charges fell from ·98 to ·23 annas, being due to the payment of an instalment of Rs. 50,000 from the military authorities as the first instalment of their contribution to the municipal water works. The working of the machinery of the Allahabad water works was satisfactory, and there was an increase of 68 million gallons in the outturn of water, while the maintenance charges decreased by Rs. 2,216. The income from water, and other receipts, which amounted to Rs. 1,12,279, was more than double the maintenance charges. At Benares, the amount of filtered water consumed was 1,270 millions of gallons, an increase of 50 million gallons over that of the preceding year, the maintenance charges working out to ·92 annas per 1,000 gallons.

The total consumption of water in Cawnpore was about 50 million gallons more than the quantity consumed the year before, the maintenance charges of over three quarters of a lakh of rupees being half as much again as in the previous year. This great increase is due to the clearing of settling tanks, etc., and the purchase and repair of machinery. The supply has not yet been extended to the Cawnpore cantonment. There is at present no water-rate in Cawnpore, and the receipts fell short of the maintenance charges.

The Lucknow water works are also satisfactory, the total amount of filtered water pumped being 584 million gallons, an excess of 33 million gallons on the preceding year's outturn. The working expenses were below the budget estimate, and while the cost per 1,000 gallons was a little more than at Cawnpore, it was a little less than at Agra.

The large scheme for extending the water works and electric lighting to Mussoorie and Landour has been sanctioned and measures are in progress to start work, but before beginning operations the Saintary Board suggested that further expert advice should be obtained.

The construction of surface drains in Dehra Dun is well advanced and in Deoband the construction of drains is in progress, while in Chandausi plans and estimates having received sanction, work is in progress. The enlarged drainage scheme of Farrukhabad has been completed and the construction of drains at Fatehgarh is soon to begin. The great surface drainage scheme for Lucknow, for which the Imperial Government gave a grant of three lakhs and the local Government one lakh of rupees, is being carried out, one section has been completed and two others are approaching completion. Projects for the drainage of Azamgarh, Gorakhpur, Firozabad and Saharanpur are nearing completion; and surveys are in progress in Moradabad, Khurja and Haldwani, and are about to be undertaken in Muttra, Bindraban, Ujhani and Hapur. A revised project for Hathras will be taken up when circumstances permit.

At Benares nearly a hundred thousand rupees were spent during the year on the sewerage works, and only Rs. 34,790 of the 13 lakhs which the scheme was estimated to cost remain to be spent. The main system of sewers is approaching completion, and Benares has now the best system of sewerage in the province. To secure the full advantage of the system the branch sewers must be extended as funds are available. The construction of storm overflows and intercepting sewers has entirely stopped the discharge of sewage from the old Dassasumedh sewer into the river Ganges. The Dibdin system contact filter worked well during the year, and the effluent was both colourless and odourless.

Slow but steady progress was made during the year in general sanitary reform. In addition to the assistance given to the poorer municipalities during 1903, a sum of a lakh of rupees was allotted for the sanitation of towns and large villages. The resources of municipalities have been augmented to the extent of over three and a half lakhs of rupees by their being relieved wholly or in part of police charges. The additional funds thus made available are to be expended chiefly on plague measures and sanitation, and a marked improvement in the cleanliness of towns and cities will result.

The form of the village sanitary book has been revised; the old form was only in partial use and sufficient interest was not taken in it; but it is hoped that wider use will be made of the new form, and that entries will be made regularly therein by the district officials.

Sanitary Board.

Five meetings of the Sanitary Board were held during the year at which projects amounting to Rs. 15,39,310 for the improvement of the sanitary condition of municipalities were considered and approved; some of the projects submitted were returned for revision.

The Board considered the Sanitary Engineer's report on the quality of the several municipal water-supplies to be very satisfactory.

The scheme for a supply of electricity and water to Mussoorie and Landour being the first of its kind in the province, the Board suggested that before proceeding with it the best expert advice in India should be obtained, and proposed that the services of Major Lotbiniere, R.E., should be requisitioned. The Board discussed and approved 26 schemes for drainage and sewerage works, the largest of which was the Chandausi drainage project estimated to cost Rs. 1,35,000, and the smallest the Pilibhit *nala* scheme which will cost Rs. 710.

Punjab.

162. No details are given in the provincial report regarding either the income of municipalities or the expenditure on sanitation.

The Amritsar water-works, referred to in the last report, were completed and opened in November. In Simla good progress was made in adopting measures for preventing the excessive use of water and checking loss by waste, Deacon's waste water meters being introduced and the losses indicated by them investigated and stopped. Although the supply of water in Simla in 1904 was constant and equal to the demand, the total consumption was less than in the preceding year. Two small subsidiary pumping installations were erected below the lower gravitation line at a cost of Rs. 22,000, which will yield an additional supply of 70,000 gallons a day in the hot months if required. A scheme for a hydro-electric installation to increase the water-supply of Simla and light the station by electricity was favourably reported on by an expert committee and is now before the Government of India. The headworks of the Ambala city water-supply were extended by the addition of five new wells: one of the old wells was sunk 18 feet deeper and resulted in a great improvement in the yield of water: the further sinking of four more wells of the original series is now in hand. A preliminary estimate of Rs. 20,000 was prepared for supplying the town of Nurpur in the Kangra Valley with water by lifting it 600 feet from the Jabar stream by means of turbines worked by a fall in the same stream.

The sewage extension works at Simla, referred to in previous reports, were practically completed during the year and all the systems of new sewers were brought into use, and the Lalpani disposal works were well advanced. An examination of the sanitary works in Simla in October in connection with an outbreak of enteric fever in the station revealed the fact that the outbreak was not due to any defect in the water or drainage works of the station.

An estimate for clearing storm channels round Amritsar city was sanctioned: the cost will be Rs. 16,915; eight estimates were prepared for remodelling the street drains in the several wards of the city.

An estimate, amounting to Rs. 3,79,345 for the drainage of the Delhi suburbs, was passed on to the local Government for sanction; and the estimate of Rs. 39,297 for the intramural drainage of Ambala city having been sanctioned, work was commenced.

Sanitary Board.

Four meetings were held during the year. The following schemes were approved and forwarded to Government for sanction:—Sargodha water works, improvement of the drainage of the Khazana and Gilwali Gates sections of Amritsar city, Jhelum drainage, Ambala intramural drainage and Muktsar drainage. The Board urged preference being given to the drainage scheme of Majitha, the building of a town hall being postponed, and the municipalty being a poor one recommended a grant-in-aid and remissions of Public Works Department charges. The Chiniot drainage scheme was considered, and it was decided that the project should await the Sanitary Engineer's inspection, as there was a question of the outfall being blocked owing to the flooding-spills of the Chenab being held up by irrigation. The Board decided to make a grant of Rs. 350 for the purchase of a safety water elevator, a trial of which a municipality such as Lahore will be asked to conduct.

North-West Frontier Province.

163. The ten municipal towns and two notified areas had during 1904 an income of Rs. 5,48,595, of which 26·7 per cent., as compared with 19·8 per cent. in 1903, was spent on sanitary works. The outlay was under the following heads—the figures in brackets representing the corresponding expenditure during the preceding year—conservancy Rs. 65,587 (67,566), paving Rs. 4,388 (9,317), roads and bridges Rs. 19,401 (6,875), drainage and sewerage Rs. 24,363 (17,806), water-supply, including cleaning and repairing wells, Rs. 23,317 (23,045), widening of streets Rs. 8,152 (1,148), construction of latrines Rs. 983 (2,125), and repairs to latrines Rs. 397 (327).

At Abbottabad a supply of excellent drinking water was laid on by pipes from Kakool and was taken into use on the 23rd October 1904. At Peshawar city Rs. 11,051 was spent on cleaning wells and in the maintenance and extension of the water-supply. The Peshawar municipality spent Rs. 20,031 in constructing and repairing surface drains; and at Kohat the drainage system was extended at a cost of Rs. 3,105. The Dera Ismail Khan city drainage scheme is in progress.

Up to the present it is stated that the village sanitary note book has not served any useful purpose.

Central Provinces and Berar.

164. The income of the head-quarter municipalities, excluding opening balances and receipts under "grants and contribution for general and special purposes" and under "extraordinary and debt", was Rs. 13,33,366, or Rs. 84,421 more than in the preceding year. Of the income 34·48 per cent. was spent on sanitary works, 4·29 per cent. on medical relief, 0·10 per cent. on vaccination and 2·40 per cent. on other sanitary requirements. The expenditure on conservancy was 16½ per cent. of income in the Central Provinces and 31 per cent. in Berar; but the supervision of general conservancy in many towns is imperfect.

There was considerable activity in many municipal towns in sanitary matters. Municipal committees are ordinarily willing enough to undertake works of sanitary improvement, but the want of funds hampers action, the necessity of expenditure on plague measures having in many instances added to financial difficulties.

The Public Works Department undertook no original work of any importance, but carried out a few minor works, among them the addition of 27 water works connections at Khandwa and 17 at Burhanpur; while several important drainage schemes were completed and considered. The efforts of municipalities were directed as regards water-supplies to the repairing and improving of wells in several districts. At Seoni the substitution of a pipe-supply of water for an open channel was delayed by the discovery of a defect in some of the earthen pipes; the defect is being remedied and the work at a cost of Rs. 30,000 will shortly be completed. At Raipur the bund of the water works was raised, extended and otherwise improved at a cost of Rs. 3,501 which has increased the storage capacity of the reservoir. At Amraoti, owing to the frequent failure of the Kalapani tank, the municipality tapped an underground water channel and erected a reservoir and pumping machinery at a cost of Rs. 5,893.

Drainage received a good deal of attention in many places: the Wardha town drainage scheme, estimated to cost Rs. 36,000, was submitted for sanction and a survey for a scheme for Bilaspur town was made, while a survey for a similar scheme in Yeotmal was in progress. At Nagpur Rs. 4,000 were spent on drianage and over Rs. 15,000 on the improvement of *bastis.*

Sanitary Board.

The Board held meetings in 19 districts, three of them being in Berar. A record of desirable works of village sanitary improvement has been prepared in some districts, but is incomplete in others. The special grant of Rs. 25,000 for improving village water-supplies was allotted, and some of the sanctioned works were begun.

Madras.

165. There were 61 municipal towns in the Presidency during the year, but no information is furnished as to their income and expenditure. The urgently needed water works at Coonoor were in progress during the year and were opened in 1905. At Guntur the construction of public water works were in progress; they are much needed as the old sources are failing. At Dindigul extension of the water-supply was in course of execution; and at Trichinopoly repairs and improvements in existing works were undertaken. At the following places projects for water works occupied attention:—Coimbatore, Ellore, Salem, Masulipatam, Gudiyattam, Gudur, Kottagiri, Nellore, Tinnevelly, Palamcottah, Vellore and Negapatam. Of these the high cost of the original project for Salem, resulted in a revised scheme being proposed and the matter is to be investigated.

The drainage scheme for Ootacamund, estimated to cost Rs. 3,63,200, was submitted to the Sanitary Board in November 1904, but in the absence of orders no part of the grant of Rs. 1,20,000 could be utilized. The Madura drainage scheme was revised on account of expense, and the amended project, which will cost Rs. 3,50,000, was sent to the Sanitary Board for orders.

The sewage farms in Madras city yielded an income of Rs. 54,822 during 1904-05, by the sale of grass and hay. Some of these farms being situated in inhabited areas are objectionable, but when the new sewerage system is completed, these farms will not be maintained. The objections of the *ryots* to nightsoil as manure are disappearing with the realization of its manurial value. During 1903-04, the municipalities obtained Rs. 44,061 from the sale of municipal sweepings and nightsoil. In Madras town a scavenging contractor is turning waste products into poudrette which is likely to obtain a good sale. In eight towns, where there is no sale for nightsoil, the practice of cultivating over the trenching ground is followed.

The figures of expenditure of District Boards are not available, but of a total allotment of Rs. 8,78,154 during 1904-05, 43·5 per cent. only was spent in the first nine months of the year. More energetic stimulation of Local Fund Boards by district medical and sanitary officers is said to be desirable. No Local Fund Board has yet provided a piped public water-supply, but there are many places where at small expense complete water supplies could be secured.

Sanitary Board.

The Board during the year scrutinized the plans and estimates for 105 sanitary works estimated to cost Rs. 6,26,926. Of the total, 76 works were finally approved, but of these 27 had to be deferred by the local bodies concerned on account of the want of funds for their execution.

Coorg.

166. No information as to income or expenditure is given in the report. The aggregate outlay on sanitation excluding ordinary conservancy was Rs. 3,157, of which Rs. 1,552 were spent on plague measures. The excavation of a memorial well at Virajendrapet and the erection of an incinerator at Mercara were the only important sanitary works undertaken during the year.

Sanitary Board.

As in the preceding year no formal meetings were held, but the Civil Surgeon and Executive Engineer who, with the Commissioner, constitute the Board, were consulted on all sanitary questions requiring expert advice.

Bombay.

167. Excluding Bombay City, there were 165 municipalities in the Presidency during the year, their total net income amounting to Rs. 61,09,925. Of the income, Rs. 17,55,477 were spent on water-supply, drainage and conservancy. The presence of plague again embarrassed the financial position of these bodies and precluded the execution of many urgent schemes of water-supply and drainage. In addition to municipalities there were 24 district local boards, and 207 *taluka* local boards, their total income amounting to Rs. 48,00,157, of which sum Rs. 2,23,093 were expended on water-supply and drainage.

The Bombay Village Sanitation Act of 1889 was introduced into 261 villages against 265 in the preceding year, and the number of villages in which the village Sanitary Inspection Book has been introduced is now 3,467, of which about seventy per cent. have been written up by officers of the Sanitary Department. The only important work in progress during the year was the drainage of a portion of the city of Ahmedabad; the work provides for the drainage of about one-third of the city and is approaching completion. At Karachi arrangements were in progress for the extension of the Shone system of drainage, at an estimated cost of 11½ lakhs of rupees.

A report on the three years' experiments at the Manjri experimental sewage farm, seven miles from Poona, is to be prepared by the Agricultural Department. The results indicate the suitability of the septic tank effluent and the filtrate from bacteria beds for manuring sugarcane and other crops, and also that the successful use of the sewage requires considerable care and experience.

Sanitary Board.

The Board met nine times during the year. Visits were paid to Pandharpur and Sholapur; to the former to consider what steps should be taken to prevent the recurrence of epidemics of cholera such as broke out at the great Ashadi pilgrimage in July 1904, and to the latter in connection with the proposed abandonment of the police lines. The Board recommended the trial of certain measures for the prevention of malarial fever before it is decided to abandon the lines at Sholapur.

Burma.

168. The income of the 41 Municipalities in the province amounted to Rs. 87,17,586 compared with Rs. 98,26,378 in 1903. The expenditure during the year was 28 per cent. of income on water-supply, 1 per cent. on drainage, 13 per cent. on conservancy and 10 per cent. on other sanitary works.

At Rangoon great progress was made with the Hlawga water-supply project, and the works were formally opened early in 1905. The supply of water will suffice for a population of 650,000 people at 25 gallons per head. "Chemical analysis shows the supply to be a pure, typical upland surface water with a high rate of albuminoid ammonia." At Mandalay the original scheme for the water-supply, estimated to cost nearly 14 lakhs of rupees, was abandoned on account of expense; it has now been decided to sink wells each fitted with a suitable pump and so devised as to prevent all chance of pollution and a well is being sunk at the general hospital which will be the standard for the others in the town; the estimated cost of the entire scheme is Rs 3,50,000. The Moulmein water-supply scheme is almost complete, and was expected to have been ready after the rains of 1905. At Akyab, the site for the new reservoir in connection with the sanctioned water-supply scheme has been marked off, but beyond making plans and estimates nothing has been done.

At Rangoon, the Shone and Ault sewage system did not work satisfactorily owing, it is believed, to its being too small for the quantity of sewage to be disposed of. The services of Mr. Ault were engaged to remedy the defect and extend the system to meet requirements; a costly and thorough scheme of extension has been proposed which it is hoped will meet requirements. At Maymyo the small septic tank installation was brought into use early in 1904. Difficulties were encountered and the success obtained was due to the great personal interest and attention paid to the installation by Mr. Gabbett, the Executive Engineer.

Sanitary Board.

Only one meeting of the Board was held. Proposals for the revision of the system of working of the Board have been approved for submission to the local Government which if sanctioned will, it is hoped, enable the Board to render more practical assistance.

Military Works.

169. During the year 1904-05 the expenditure on ordinary military works was Rs. 1,25,88,420, as compared with Rs. 1,32,53,283 in 1903-04. In addition, Rs. 32,810 was spent on Military Works connected with the military reorganization scheme. Details regarding new works and improvements in some of the more unhealthy cantonments will be found in the statement appended to tables V and XXX at the end of this volume.

SECTION IX.

GENERAL REMARKS.

Red Sea Pilgrim Traffic.

170. In September 1903, the Government of India announced the arrangements for the pilgrim season of 1903-04. It was notified that the practice followed in preceding years of collecting intending pilgrims at provincial observation camps near their homes would be discontinued, and that all pilgrims would be allowed to proceed direct to the large camps at the ports of shipment. The Haj was accordingly open to any resident of India. Embarkation for the purpose of making a pilgrimage was limited to the ports of Bombay and Chittagong, and it was stipulated that no person should be permitted to embark unless he had been detained at or near the port of embarkation until the medical officer in charge was satisfied that there was no risk that he would convey the infection of plague. It was also prescribed that no passage tickets should be sold except at the places appointed for the detention of pilgrims. Although it was decided that, subject to the foregoing conditions, pilgrimage to the Hejaz was to be permitted, the usual warning, which circumstances still rendered necessary, was repeated to intending pilgrims to defer their visit to another season.

The Government of Bombay established a central camp at Pir Pao and the Government of Bengal opened a camp at Chittagong. At the latter camp, however, only about 40 pilgrims had assembled by the beginning of December, and as no shipping agent will provide a steamer unless at least 200 pilgrims are forthcoming, the intending pilgrims left the Chittagong camp in order to avail themselves of the route *viâ* Bombay. The Chittagong camp was closed from the 24th December 1903, and no pilgrims left that port for the Hejaz of 1903-04. In view of the opening of the pilgrimage to all residents of British India and the unlikelihood of pilgrims embarking from Chittagong if they could do so from Bombay, it was decided that the Chittagong camp should not be opened in future years.

It may be noted here that towards the end of December 1903 the Turkish Government asked that Indian pilgrims should be dissuaded from going to Karbela on account of a cholera epidemic, and again in February 1904 the Resident in Turkish Arabia stated that cholera was " officially proclaimed " in Basrah and asked that the influx of pilgrims be stopped as far as possible.

The pilgrimage of 1903-04 was a very large one, due, among other causes, to the fact that it was a " Haj Akbar " (grand pilgrimage) on account of the principal day falling on a Friday. No less than 24 steamers sailed from Bombay conveying in all 16,647 pilgrims, of whom in the Haj report the arrival of 16,289 is recorded. These figures do not include Her Highness the Begum of Bhopal and party comprising 305 persons who sailed in a separate steamer and proceeded direct to Jeddah instead of *viâ* Kamaran which is the route for all ordinary pilgrim vessels. The health of the pilgrims on the 24 steamers from Bombay was good, the mortality being 1·9 per thousand only. The majority of the deaths occurred among old and infirm persons. At Kamaran 147 pilgrims were admitted into the central hospital principally on account of malaria, pneumonia and gastro-enteritis, and during detention in quarantine at the Lazaret 44 pilgrims died. There was no outbreak of any infectious disease on the island. The Vice-Consul at Kamaran complains of the practice of detaining sick and infirm pilgrims in hospital on the completion of ten days' quarantine, after the departure of the vessel in which they arrived, and points out the hardship to the individuals concerned and the anxiety to friends and relatives who have to continue their journey. The imposition of a second disinfection, referred to in last years' report, was again enforced and the Vice-Consul repeats his opinion that it is unnecessary and a great hardship to pilgrims.

The health of the pilgrims was very good throughout the year : there was a slight outbreak of small-pox after the Haj, but it soon died out. It was said that the sanitary condition of Jeddah, Mecca, Mina and Arafat was satisfactory, and that every precaution was taken to keep the two first named towns clean and healthy. Most of the pilgrims returned to Bombay between the 5th of January and the 28th of June 1904, but the last vessel, with 57 pilgrims, did not arrive until the 23rd of September. In all 27 vessels brought back 14,794 pilgrims. During the voyage 55 deaths occurred on 14 vessels, the causes of death in the great majority of cases being old age and general debility. On ten of the pilgrim ships there occurred during the voyage to Bombay two cases of measles and 24 of small-pox, but there was no mortality from these causes. Vaccination was offered on arrival to the pilgrims among whom cases of small-pox had occurred, and 6,678 persons who had come into contact with cases were detained for the disinfection of their clothing and other effects before being permitted to proceed to their homes. The rest of the pilgrims were landed immediately on arrival in Bombay, and, being found free from infectious disease, were taken charge of by the Protector of Pilgrims and sent direct to their homes by rail.

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Malta fever in India.

171. The history of the events leading up to the discovery that a disease, hitherto unknown to exist in a country, is prevalent there, including, as it does, on account of the means by which the disease has been differentiated from those with which it was previously confounded, is always worthy of record, and for this reason it will not be out of place to give here a brief summary of our knowledge regarding the history of the occurrence of Malta or Mediterranean fever in India. The subject has been dealt with briefly in previous issues of this report, but some recent work by Captain Lamb, I.M.S., which has added materially to our knowledge of the problem, affords sufficient reason for a fuller note this year. To any one who has read the literature dealing with the occurrence of Malta fever in India it must be apparent that the subject comprises two very different problems; the first whether cases of Malta fever have occurred in India at all, and the second whether the disease is endemic in the country and of common occurrence among natives. Unfortunately these two problems have been confused with each other by most writers, but it is important that they should be kept distinct, for it is obvious that the occurrence in India of a few cases of the disease among European soldiers, some of whom have already suffered from it in a Mediterranean station and others of whom have lived in the same barracks with such patients, does not prove that Malta fever is an endemic disease of India. In this respect the subject of the occurrence of Malta fever in India is comparable with that of the occurrence of *Bilharzia hæmatobia*, many cases of

which have been imported into India from South Africa during recent years. In this summary therefore the two problems relating to Malta fever will be considered, as far as possible, separately. The first reference to the possible occurrence of cases of Malta fever in India is contained in the issue of this report for 1892 in connection with some remarks upon an outbreak of "simple continued fever" which affected a Scotch regiment at Wellington. The outbreak began shortly after the arrival of the regiment from Malta and from the remarks of the medical officer at Wellington, which were quoted in the report, it is evident that some at least of the cases were probably relapses of the disease from which the men had suffered while in Malta. The next reference to the subject is contained in the report of an address on the fevers of India delivered by Surgeon-Colonel Crombie, I.M.S., at the Indian Medical Congress in 1894. Referring to the work of Bruce and Hughes, Surgeon-Colonel Crombie remarked that he had watched some twenty cases of Malta fever in the General Hospital at Calcutta, but, although he did not say so specifically, it is to be inferred from the context that the cases to which he referred were imported: we may assume that the patients were sailors and others who had arrived in Calcutta from Mediterranean ports. It will be seen that from neither of these references can any very definite information regarding the occurrence of cases of Malta fever in India be obtained, but the next reference, which is an article published in 1897 by Professor Wright and Surgeon-Captain Smith, I. M. S., is more explicit. In this article the results of sero-sedimentation tests with the blood of fourteen European soldiers invalided from India for "typhoid fever" and of two invalided for "malarial fever" are given. As regards four of these cases it was found that an agglutinating reaction could be obtained between the blood of the patient and a culture of the *Micrococcus melitensis* of Bruce. In two cases the reaction was obtained when the serum was diluted 200 times, in the third case when it was diluted 10 times and in the fourth when it was diluted 1000 times. The last patient had previously suffered from Mediterranean fever in Malta, but it was said that the other three patients had never been, at any rate while serving in the army, in any foreign place except India. The authors of the article considered that the results summarized above constituted definite evidence of the existence of Malta fever in the three stations of Northern India from which the patients had been invalided. In a later paper they published the results of similar tests with the blood of ten more invalids from the same three stations. In all these ten cases the sero-sedimentation reaction was positive in more or less high dilutions, and the cases were therefore regarded by the authors as true cases of Malta fever. The accuracy of this diagnosis, based, as it was, almost solely upon the results of the sero-sedimentation test, was called in question as regards the invalids from Subathu by Surgeon-Major Freyer, Surgeon-Colonel Welch and the medical officer of Subathu, but seeing that six of the ten patients had already served in Mediterranean stations and that it was definitely known that some of them had already suffered from Malta fever while in those stations, there is little if any reason to doubt the correctness of the diagnosis: a more probable explanation would appear to be that recrudescences of previous attacks of the disease may have occurred among men who had already suffered while in Malta and that from such patients a few other soldiers living in the same barracks or lines had become infected. Up to this time no case of Malta fever had been actually recorded in India in the returns of European troops, native troops, or prisoners, but in the next year (1898) two cases were recorded among European troops. Both patients, however, had suffered from the disease a short time previously while serving in Mediterranean stations, and it was in view of this history that the diagnosis in India was made. Until the end of this year there had been no hint of the occurrence of Malta fever among natives, and while it is plain that there was ample evidence to answer the first of our problems in the affirmative, it is equally plain that we were no nearer the solution of the second. In 1899 one case was recorded among European troops in India, and Birt and Lamb added a few more cases to the list of European invalids from India whose blood gave a positive reaction with the *Micrococcus melitensis*: one case was also recorded among native troops in this year but no details from which it can be ascertained upon what grounds the diagnosis was based are available, and it was really in 1900, when no fewer than seven cases were recorded in the native army and one among native prisoners, that, for the first time, some light appeared to be thrown on the problem whether Malta fever is or is not an endemic disease of India. It is noteworthy, however, that in this year no case was recorded among European troops in India and that some of the cases among native troops were recorded in places so far distant from the coast and with a climate so different from that of any Mediterranean station as Datta Khel and the Malakand, both of which are in the hills on the North-West Frontier of India. Also as regards all the cases reported among native troops the method by which the diagnosis was arrived at left much to be desired, and it was not until the later part of the year, when Captain Lamb, I.M.S., published an article dealing with some cases of anomalous fever which he had observed in Bombay, that there seemed much reason to suppose that Malta fever would be shown to be an endemic disease of India as well as of Mediterranean ports. Captain Lamb's cases were five in number, three of the patients being Europeans, one a Parsee and one a Japanese. None of them had resided in a Mediterranean station or, so far as was known, had come into contact with anyone from such a station. The signs and symptoms present in the majority of the cases came well within the somewhat wide range of those said to be characteristic of Malta fever, but, as in all the other Indian cases previously reported, the diagnosis of Malta fever rested mainly upon the results of sero-sedimentation tests. These, however, were carried out in a thorough manner and well marked reactions were obtained in high dilutions, so that if such a test, with the particular culture of the micrococcus which Captain Lamb was using, could be relied upon as trustworthy—and at that time no doubt had been expressed in this regard—it was reasonable to conclude that the patients were suffering from Malta fever, that the disease had originated as a result of local causes, and that Malta fever is endemic in India. After the publication of Captain Lamb's results the number of cases reported from different parts of India both among Europeans and natives increased greatly: before the end of the year several cases were reported to have occurred in Simla, and from the Delhi and Hissar districts it was reported that by means of the serum test it had been proved that as regards eight native patients (all who were examined) three were suffering from Malta fever, two were suffering from enteric fever and two were either suffering or had already suffered from both Malta and enteric fever. In 1901 six more cases were recorded among residents in Simla and as regards troops and prisoners, five cases were recorded among European troops, six among native troops and one (a fatal case) among native prisoners. Three of the cases among native troops occurred in the Swat valley. In the following year eight cases were recorded among European troops and four among native troops. Up to this time no doubt had been raised as to the correctness of the diagnosis of any case reported in India: it was assumed by nearly all observers that a positive reaction with the sero-sedimentation test, which was the means by which the diagnosis was arrived at in practically all cases, was a sufficient guarantee that the disease which was being recorded in India as Malta fever was in reality this disease, and for this reason little note was taken of the presence or absence of characteristic clinical signs and symptoms. An examination of the clinical records of the cases reported among European and native troops in 1902 showed, however, that many cases presented few or none of the features which are described as being characteristic of the disease as it occurs in Malta, and therefore it was suspected that, in some cases at least, the diagnosis may have been wrong. On enquiry from medical officers it was ascertained that in the great majority of instances the diagnosis was made without regard to signs and symptoms, solely upon the grounds of a positive reaction with the sero-sedimentation test. It was found, moreover, that in the great majority of instances the highest dilution which was being employed for this test was 1:80, and, having regard to the age and character of the particular strain of the micrococcus which was in use in India at that time, it appeared very probable that a positive reaction in so low a dilution was without significance. The correctness of this view was rendered the more probable when it was reported that with the blood of some cases of the fatal disease of Assam known as *kala azar* complete sero-sedimentation reactions had been obtained in dilutions of 1:40. Moreover, it was ascertained by enquiry from the Director of the Pasteur Institute at Kasauli, that with cultures of the micrococcus which had been grown for some time in India a positive sedimentation reaction could be obtained with normal serum frequently in a dilution of 1:40 and in some instances in a dilution of 1:80, and that a positive reaction obtained in an 80 fold dilution within an hour did not necessarily mean that the patient was suffering from Malta fever. As it was evident that medical officers in India had not appreciated this, and had regarded a reaction in such a dilution as sufficient evidence, attention was directed to the matter in the issue of this report for 1902, where it was pointed out that some of the diagnoses of Malta fever may have been based on a mistaken interpretation of the results of a serum test and that a more critical attitude in the employment of serum diagnosis was advisable. It was noted as unfortunate also that, although cases diagnosed as Malta fever had been recorded among natives in India for several years, no attempt had been made to establish the correctness of the diagnosis by the isolation of the micrococcus. Shortly afterwards Dr. Powell of Bombay and Captain Cornwall, I.M.S., of Madras published results which confirmed the correctness of the opinion that with the particular strain of the micrococcus in use in India at that time the serum test for Malta fever could not be relied upon, and it was evident that at any rate as regarded the problem of whether Malta fever is or is not endemic in India and of common occurrence among natives further research, and especially a research having for its object the isolation of the mirococcus, was very necessary. It has remained for Captain Lamb, I.M.S., to carry out this research and conclusively to prove, by methods which are unimpeachable, not only that many cases of true Malta fever have occurred among Europeans and natives in India but also that these have originated as a result of local causes and that, in short, Malta fever is an endemic disease of India as well as of Mediterranean stations.*

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* A list of references to the literature dealt with in this summary will be found at the end of Section III (Native Army of India).

The Leishman-Donovan parasite.

172. In the last issue of this report a summary was given of our knowledge of this organism up to the time of the discovery by Captain Rogers that under certain conditions of culture outside the human body it developed into a flagellate, a discovery which was confirmed and extended by the observations of Lieutenant Christophers. Since then Major Leishman and Captain Statham have published an account of development obtained by them, and Captain Rogers has written further on the subject. Otherwise no observer appears to have taken up the study of the parasite on these lines, and the summary referred to above, with some few additional details, comprises most of what is yet ascertained of the extra-corporeal development of the parasite. It is true, work on collateral subjects has, to some extent, rendered more probable the correctness of the view regarding the relationship of the bodies with the *Trypanosomata*, and this is especially evident, for example, in the resemblance between the flagellate forms of the parasite and the cultural forms of *T. lewisi* and of some of the *Trypanosomata* from the blood of birds figured by MacNeal and Novy. To this resemblance, however, too much weight must not be given. There is indeed a close similarity of appearance between many of the *Flagellata*, and we are not yet in a position to be at all dogmatic concerning the divisions of this group. There are also some slight but perceptible features in which the cultural forms of trypanosomes differ from the flagellate stages of the parasite. It can be seen, for instance, that the blepharoplast in the case of the trypanosomes lies, in some at least of the forms in the culture, on the same level as the nucleus, or even posterior to it, whilst it is rare not to be able to find, at times, the foreshadowing of the arrangement of the filament seen in the adult trypanosome. It is not so in the flagellate stage of the parasite: in this case the blepharoplast adopts a terminal position with great regularity and persistence, and the flagellum passes out of the cell with unerring directness.

It seems, too, that there is little to be gained by terming these parasites, as some have done, *Trypanosomata*; for if we do, we are still saddled with as great difficulties as ever in endeavouring to explain the anomalies which are then presented. It becomes, for instance, inexplicable, if the bodies be involuted trypanosomes, that the most indefatigable search of the peripheral and spleen blood, of the viscera and of the tissues, should so far have failed to reveal the presence of even a single trypanosome in the numerous cases which have been made the subject of close study. This is the more significant since the condition of infection is not one in which a few parasites lie here and there in the organs, requiring search, but one in which vast numbers of organisms crowd the tissues of the hypertrophied spleen and of the other viscera. It is also very difficult to understand why a condition like that in the human subject is not found in animals naturally or artificially infected with trypanosomes. Nor is MacNeal and Novy's suggestion that cultures from the peripheral blood might yield a trypanosome and so clear up the whole matter, so helpful as one might, at first, suppose. For it is evidently not trypanosomes as such, which give rise to the flagellate form obtained by Captain Rogers *in vitro*, and the cultivation of flagellate forms from the peripheral blood would shew little else than that the parasite was present there in a form still capable of development, a fact we already know from microscopical examination. To have called the bodies *Trypanosomata* has not, therefore, made our path the smoother, and it is best to leave the exact relationship between these parasites and the *Trypanosomata* still an open question. On the other hand, without attempting to find a position for the parasite in any exact zoological group, it may be remarked that there are reasons for believing that it will be found to be one of a group of flagellates, which has recently attracted a good deal of attention. These organisms are parasitic in the alimentary canals of insects. Léger, Prowazek, and others, have devoted much time to their study, and have shewn them to be intermediate between the trypanosomes and simpler forms with no undulating membrane. Between the genera *Herpetomonas* and *Crithidia* and the flagellate stage of the new parasite there are, indeed, many points in common, and there is much to support the presumption that the flagellate stage of the parasite is normally passed in the gut of some blood sucking insect; but what particular insect cannot, in the absence of evidence, be conjectured.

Of etiological and clinical investigation upon the parasite there has not been a great deal. This is especially disappointing in regard to Tropical Ulcer, the study of which it was expected would have attracted more attention. Very complete accounts of the lesion, as it occurs in the Transcaucasus, and in Northern India, have, however, been given by Marzinowski and Bogrow and by Captain James, I.M.S., respectively. The former observers note two endemic centres, Leucoraine and Elizabethpool, the latter Delhi, Quetta, Shahabad, Karnal, and Dera Ismail Khan. They all confirm Wright as to the lesion being due to the bodies *Helcosoma*, which James shews to be, at any rate morphologically, identical with the parasite found in the spleen in cases of *kala azar*, and of so called "malarial cachexia" in Madras. These authors also agree closely with Wright in the description of the histology of the lesion and notably in the occurrence of the parasite in the protoplasm of the cells of the infiltrating granulation tissue, the presence of which constitutes the essential feature of the lesion. Our knowledge of the pathological anatomy and of the cause of this disease is therefore fairly complete, but there still remain the questions of its distribution, and most important of all, of the means by which it is conveyed. It is also of great importance to ascertain what relation this local affection bears to the general one of *kala azar*. Captain James has made the interesting observation that in India the geographical distribution of the two diseases does not coincide. In the Punjab, where Delhi Sore is well known to the practising surgeons, and where James obtained many cases, the visceral infection would appear to be rare, if not entirely absent; in Assam, on the contrary, where the splenic disease is a scourge, he was unable to find even a single case of Delhi Sore. Any explanation at present is impossible, but this observer inclines to the view that the parasites of the local and systemic infection, though morphologically indistinguishable, are distinct species. If this be the true reason, the discovery of still other species can only be a matter of time.

On the symptomatology of the Madras type of systemic infection with the parasite a contribution has been made by Major Donovan, I.M.S., who sums up the result of his investigation of 124 cases of the disease, as shown by the presence of parasites in the spleen; and this extensive series of cases will form a means of comparing the disease as it occurs in Madras and in other localities.

On *kala azar* we have the work of Rogers, and of James, the latter of whom has published the first critical and sufficing study of the disease since it was suspected to be a form of infection with the recently discovered parasite. This observer indeed has brought out with lucidity the symptomatology of this disease of Assam, which he shows to be entirely distinct from true malarial cachexia. It would appear from his researches that Assam is not, for the most part, an intensely malarious country, but the villages are everywhere hot beds of the disease *kala azar*. By the use of precise methods it was possible to show that the prevalence of malaria and of *kala azar* in the different villages was not related. Thus, to quote an example, in Uloobari, which is a slightly malarious place, as shown by the endemic index of only 12·5, seventeen *per cent.* of the residents were suffering from *kala azar*, but in Old Salonah, which is intensely malarious, with an endemic index of 80, no case of *kala azar* existed. Again, the temperature curves of cases of *kala azar*, and of even the most chronic malaria are quite different. This is true to such an extent that a careful record of the curve is in many cases of more diagnostic utility than even prolonged microscopic examination of the peripheral blood. The character of the malarial chart, even in the most chronic cases is periodicity, that of *kala azar* long continued irregularity. Clinically also there are distinct differences between the two diseases. The chief features of true malarial cachexia, as given by James, are enlargement of the spleen and anæmia, with, as a rule, an absence of serious symptoms. The illness is not continuous, and the patient does not shew that tendency, so characteristic of infection with the Leishman-Donovan parasite, to go steadily from bad to worse. With this separation of the two diseases, most of what was obscure in the pathology of *kala azar* is rendered clear. There remains now only the confused nomenclature. Are Donovan's and Christophers' cases in Madras, James's cases in Assam, Rogers' cases in Calcutta, and the cases which have been described from other parts of India both in Europeans and natives all to pass under the name of *kala azar* ? It must not be forgotten that the term, after all, defines only the special clinical feature of the disease, namely, *deadly sickness**, and that therefore it is not so correct as a name which defines the pathological nature of a disease due to a specific cause. Unfortunately we have not yet a convenient and suitable name to denote systemic infection with the new parasite. If we had this, we should have no further use for the name *kala azar* and it might with great propriety be allowed to lapse. On the other hand, with such terms as "Leishmaniasis" or even "Helcosomiasis" to choose from, it will not be surprising if "*kala azar*," for sheer want of a better term, comes into use in the future to denote the newly differentiated disease wherever it is found.

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Mammalian hæmogregarines.

173. Much confusion exists in the nomenclature of the various protozoal organisms which are parasitic in blood corpuscles, and it is not uncommon to find that the same term has not at all the same meaning in the classifications of different authors. Even the name *Hæmosporidia*, which was first used by Danilewsky in 1885 to include as a class all the known sporozoan parasites inhabiting blood corpuscles, was afterwards used by Labbé in a sense so restricted as to exclude the malarial parasites altogether. By most authors, however, this term is now used in its original sense as the name of the order including all the intracellular sporozoan blood parasites, and as such it appears to be very suitable. With regard to the grouping of the members of the order the confusion is no less great, and in this case also the meaning applied to the same generic term by different authors is very different. While Laveran recognises only three groups of parasites in

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* See the note on nomenclature in Major Ronald Ross's "Report on the nature of kala azar"; Calcutta, 1899, page 13.

the order, *viz.*, *Hæmamœba*, *Piroplasma* and *Hæmogregarina* and calls these groups genera, other authors divide the order first into two sub-orders and these again into at least eight genera, adding also a number of other genera of uncertain value. Thus, for example, the genus *Hæmogregarina* (Danilewsky) does not by any means correspond to the genus *Hæmogregarina* (Laveran), and the genus *Hæmamœba* does not correspond in the classifications of Neveu-Lemaire and of Laveran respectively. Until agreement shall have been come to among zoologists as to the correct names of the different forms of *Hæmosporidia* it is wisest, therefore, to base distinctions between the groups of this order only upon such broad characteristics as are unlikely to be upset by the many discoveries now being made. Among these organisms there is at least one characteristic, namely, the morphology of the stages seen in the peripheral blood, which may be safely applied with this object. Speaking generally, the different forms may be divided into two broad classes according as their stages in the peripheral blood are "hæmamœbæ" or "hæmogregarines": in the former class, to which, of course, the malarial parasites and piroplasma belong, the growing stages in the peripheral blood are amœboid; in the latter these stages have a fixed body-form like minute gregarines—they occur generally as tiny vermicules lodged in the blood corpuscles or free in the plasma. A large number of sporozoa with this characteristic have been found in the blood of amphibians, fishes and reptiles but unlike the gregarines, which moreover, are never parasitic in blood corpuscles, they have never been found in invertebrates, and in addition they had never, until quite recently, been found in the blood of birds or mammals. Thus it had come to be considered by all observers as one of the more important characters of hæmogregarines that they were confined to cold-blooded vertebrates. As a result of recent work in India we now know that this view is incorrect and that endoglobular gregariniform as well as amœboid parasites, occur in mammals. At present it is wisest to refer to these parasites simply as mammalian hæmogregarines and when the generic term *Hæmogregarina* has been prefixed by workers in India to the specific name of any of these parasites, it must be understood as having been used in a broad sense to indicate that the parasites belong to a group of endoglobular blood parasites the trophozoites of which are minute vermicules resembling the trophozoites of gregarines, rather than to indicate that the parasites possess all the characters of the genus *Hæmogregarina* as defined by any author.

With this preliminary explanation we may proceed to note briefly the chief observations that have been made upon mammalian hæmogregarines.

The first indication that parasites of this nature occur in mammals as well as in cold-blooded vertebrates was given by Captain James, I.M.S., in his description of a parasite which occurs in the white blood corpuscles of dogs in Assam. This unpigmented parasite, which was discovered in 1904 by Dr. Bentley, lies in an oval cytocyst in the substance of the polymorphonuclear leucocytes. Its body is elongated with abruptly truncated ends and it has a large oval nucleus. The coiled nucleus of the infected leucocyte is usually opened out by the presence of the parasite but otherwise the cell is not perceptibly altered. On one occasion a parasite was observed to escape from the leucocyte and to undergo gliding vermicular movements. It appeared very probable that this parasite was a hæmogregarine, in the sense explained above, but it was obvious that besides its existence in a mammalian host, its occurrence in the leucocytes sufficed to show that it was distinct from any member of the restricted genus *Hæmogregarina* of previous authors and

Captain James regarded its characters as sufficiently different for it to be classified in a new genus and named it *Leucocytozoön canis*. Further light was soon thrown upon the subject by the discovery, made by Lieutenant Christophers, I.M.S., of typical hæmogregarine parasites in the blood of an Indian field rat, *Gerbillus indicus*. These parasites were described by Lieutenant Christophers early in March 1905, as typical hæmogregarine vermicules lying in spaces in the red blood corpuscles and having short incurved " tails." He also described free forms exhibiting active progressive movements resembling those of *Lankesterella*. Shortly afterwards the same observer added further interest to his discovery by finding that a part of the life cycle of this parasite is passed in an intermediate host, namely a louse (*Hæmatopinus* sp. n.) which he found to be present in considerable numbers on all the rats examined. He noted that in the mid-gut of the louse the free forms of the parasite were very active and by feeding lice on infected rats and dissecting them at different periods after feeding he was able to follow out the development of the parasite in the body of the louse as far as the formation of large cysts lying free in the body cavity and containing oval daughter cysts, each of which contained from 4 to 8 sporozoits. In the blood of the rat this parasite was in every respect similar to the hæmogregarine parasites of cold-blooded vertebrates and, using the generic term *Hæmogregarina* in the broad sense already indicated, Lieutenant Christophers named it *Hæmogregarina gerbilli*.

Dr. Andrew Balfour was the next to describe a hæmogregarine parasite in a mammal, the gerboa *Jaculus jaculus* of the Soudan. The parasite in this animal, as in the Indian field rat, is present in the red blood corpuscles, and free forms exhibiting vermicular movements are found in the peripheral blood and in the organs. M. Laveran has also found this parasite in *Jaculus orientalis* from Tunis, and both he and Dr. Balfour describe the presence in the liver of cysts which they consider represent a stage in schizogony similar to that described by M. Laveran in the case of *H. stephanowi* of the European tortoise. These cysts are oval or spherical in shape and measure 21 to 23μ in diameter: they contain about 16 sporozoits which are 14 to 15μ in length and are thicker at one end than at the other. M. Laveran has named this parasite *Hæmogregarina balfouri*.

At about the same time, Lieutenant Patton, I.M.S., found in the blood of the Indian squirrel, *Funambulus pennantii*, from Kathiawar, a hæmogregarine parasite which on account of its occurrence in the leucocytes instead of in the red cells and on account of its resemblance in appearance to the parasites of *Gerbillus* and *Jaculus* is of great interest as forming a link between the parasites of these animals and that of the dog (*Leucocytozoön canis*). The parasite in the squirrel appears to invade only the large mononuclear leucocytes, and in highly infected animals almost every leucocyte of this variety may contain one or more parasites. In such cases there is a marked increase, both relative and actual, in the number of these cells. Free vermicule forms are abundant and there is no doubt that the parasite is of the same nature as the hæmogregarine parasites of cold-blooded animals. Still more recently Lieutenant Patton has discovered a parasite very similar to that of the dog in the white corpuscles of the blood of cats, but concerning this no details are yet available. To the parasite in the squirrel he has given the name *Leucocytozoön funambuli*.

There can be no doubt that all the parasites briefly described above rightly belong to the group of hæmogregarines and that to the long list of these parasites which have been found in amphibians, reptiles, and fishes, there should now be added the mammalian forms *Leucocytozoön canis* (James), *Hæmogregarina gerbilli* (Christophers), *Hæmogregarina balfouri* (Laveran), *Leucocytozoön funambuli* (Patton), and the more recently discovered parasite of the cat. That other mammalian hæmogregarines exist is more than probable and the diverse characters of the forms already discovered makes the detection of new ones important. The tendency of some of these parasites to inhabit white blood corpuscles instead of red is of special interest, and Lieutenant Patton's finding of a mononuclear increase as high as 80 per cent. in some of the infected squirrels has considerable significance in view of the possibility that parasites may be present in the leucocytes in certain kinds of leukæmia.

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Syphilis.

174. Until quite recently it was the general opinion that syphilis is a disease communicable to man alone, for although a few observers had been successful in inducing some manifestations of the disease in the lower apes, the results of inoculation experiments, even upon these animals, were inconstant and uncertain. It was reserved for Metchnikoff and Roux to show that the higher anthropoid apes, and especially the chimpanzee, are susceptible to syphilis. They inoculated a chimpanzee with human syphilitic virus taken from a primary sore and observed as a result not only the production of a local lesion bearing a close resemblance to that which occurs in man, but also a sequence of secondary affections the nature of which was unmistakable even if it had not been proved, by the successful inoculation of other apes, that these lesions contained the virus of syphilis. Ten chimpanzees which were inoculated by these observers either with human virus or with that from anthropoid apes, all eventually developed the disease, and those which lived sufficiently long shewed secondary manifestations of syphilis. In these experiments the virus was introduced by superficial scarification of the skin of the genitals, or of the forehead, or in some cases by scarification of mucous membranes. Experiments by subcutaneous inoculation, or by injection into the peritoneum or into the blood stream, were not successful. The disease in the chimpanzee follows closely the well known course in man. After an incubation period, which may be as short as fifteen, or as long as forty-nine days, there appears, at the site of inoculation, a faint-pink papule, which later becomes covered with a scab and presents all the characters of the primary chancre in man. At the same time there is, as in the human subject, a marked tumefaction of neighbouring lymphatic glands, the adenopathy of the clinicians. Secondary affections supervene after a variable number of days. They are shown by papules on the skin and plaques on the mucous membranes, resembling exactly those in the human subject. Constitutional disturbance is considerable, and in some cases death occurs. One of Metchnikoff's apes died from symptoms identical witht those of malignant syphilis in man. The occurrence in the later stages of a nervous lesion, a paraplegia, which lasts some weeks, appears to be rather characteristic of the disease in the chimpanzee.

These observations of Metchnikoff and Roux have not lacked full confirmation. Neisser has succeeded in successfully inoculating not only the chimpanzee, but also the ourang outang and the gibbon though both these species are less susceptible to syphilis than is the chimpanzee. In the ourang the incubation period is shorter, and the symptoms less severe, whilst secondary manifestations do not always appear. In the gibbon, which is not so closely related to man as the chimpanzee or the ourang, no secondary affections occur. It is also possible to infect the lower apes and monkeys with syphilis, but the disease in them is much modified, and there are no secondary lesions. Even the primary lesion, when it appears, is ill-developed. It is curious that in these monkeys susceptibility to the disease is greater in adult and old individuals. Metchnikoff, taking advantage of the observations regarding the degree of susceptibility to syphilis of different species of *Macacus* and *Cynocephalus*, has attempted to prepare a vaccine for the disease. He has found that although chimpanzees when inoculated with virus from the bonnet ape (*M. sinicus*), exhibit only an abortive primary lesion, and do not suffer from secondary lesions they are, nevertheless, rendered immune, and this being so it would seem that the production of a vaccine for syphilis is by no means a remote possibility. Another important result of the discovery that apes are susceptible to syphilis is the possibility of ascertaining with some degree of completeness the nature of the virus, a line of study completely closed so long as man alone was available for experiment. Thus already Metchnikoff has shewn that the virus of syphilis will not pass through a Berkefeld candle, that it is destroyed by heating to 51°C., and that even pure glycerine does not impair its virulence.

In this way did Metchnikoff and Roux open up the path for experimental research on syphilis, and it is not a little curious that, within a few months of their success, another discovery was made, which bids fair to solve also the vexed question of the nature of the organism of this disease. It is well known that the present year has been remarkable for a great advance in our knowledge of the class of *Spirochætæ* and in no way has this been more fully evidenced than in the discoveries which relate to the presence of these organisms in the lesions of syphilis. One does not forget that from time to time there are found in syphilitic lesions organisms which are thought by their discoverers to be the cause of the disease: it is even instructive to note the statement of Lassar that within the last twenty-five years 125 causes of syphilis have been described. Hitherto the bacillus of Lustgarten has most generally been allowed to possess the best claim to this position, but the comparatively small amount of interest which it has aroused would in itself almost show that the observations which support the claim are not very convincing. Quite recently a spirochæte was brought forward by Bordet and Gengou as a possible cause of syphilis, and Siegel also noted the presence in syphilitic lesions of spirochætes which are very difficult to see; but these announcements did not receive general attention until Schaudinn described in great detail an organism, a spirochæte, which was found by him to be present constantly in syphilitic lesions. Schaudinn, in fact, drew attention to two spirochætes found in syphilitic tissues, a large species *S. refringens* and a smaller species, difficult to stain, which he named *S. pallida*. *S. refringens* resembles spirochætes found in smegma and elsewhere, and this species Schaudinn believes plays no part in the causation of syphilis. *S. pallida* on the other hand has many claims to be considered the possible cause of the disease. But the position adopted by Schaudinn is very clear; he insists upon the necessity for the study of this organism, but he does not assert that it has any proven causal relationship to syphilis.

S. refringens is very refractile, with large spirals, and stains easily with the ordinary basic dyes. *S. pallida*, on the contrary, stains with great difficulty, and requires for its demonstration special methods and careful search.

The spirochætes (*S. pallida*) are very small, not more than 4 to 10μ in length, much smaller therefore than the *S. buccæ*, *S. obermeieri* and most other common forms. The curves, the number of which varies, are sharp, and produce the appearance of serrations. According to Schaudinn an undulating membrane may possibly be present. The free ends of the spirochæte are pointed and the terminal spirals are flatter than the more central. There is very little difficulty, even in the fresh state, in distinguishing it from other spirochætes. It is as a rule extra-cellular, but forms are sometimes seen attached to, or partly embedded in, the protoplasm of cells.

Naturally the view that these bodies have any relation to syphilis met with much criticism, and when the subject was first brought up, at the May meeting of the Berlin Medical Society, Thesing even suggested that the appearances seen were the result of the growth of spirochætes in the special stain which Schaudinn found it necessary to use. But there is no doubt that this view at least is wrong. The spirochætes, whatever their significance may be, do really occur in the lesions of syphilis, and that they are not artificially produced or existent only in the stain, is shown by the fact that, when abundant, they may be seen, in preparations from fresh tissue, in active movement. The decision regarding the specificity of the spirochæte will depend upon the results of observations as to its invariable presence in syphilis, and its absence in other conditions. Schaudinn and Hoffmann have detected it in seven primary lesions, in nine secondary papules, in twelve syphilitic glands some of which were removed during life, and in blood obtained by puncture from the spleen. Queyrat and Joltrain, Launois and Lœderich, Jacquet and Sevin, Kraus, Fraenkel, and others, have all found the spirochæte of Schaudinn in primary or secondary lesions. Herxheimer and Hübner have found *S. pallida* 15 times in 16 cases of syphilis, but they did not find it in the juice from the lymphatic glands in three of their positive cases, nor in the circulating blood of syphilitics during the period of secondary affections. They note particularly the ease with which the spirochætes are seen in the living state. Jacquet and Sevin were unable to find spirochætes in tertiary lesions. Kiolemenoglu and Cube believe that the presence of *S. pallida* is not confined to syphilitic lesions and they state that they have found an organism with all the characters of *S. pallida*, not only in syphilis but also in simple balanitis, in pus from a tuberculous abscess, in the degenerated tissue of an epithelioma, and elsewhere. They also describe forms which it is difficult to class either as *S. refringens* or *S. pallida*. A point greatly in favour of the specific nature of *S. pallida* is its presence in the viscera of congenital syphilitics. Buschke and Fischer have found it in the liver and spleen of an infant, who died from congenital syphilis. Nobécourt, Levaditi and Darré have found the spirochæte in the pemphigoid lesions of a newly born hereditary syphilitic, and Levaditi in the internal organs of another patient. Lastly Metchnikoff has found the spirochæte in the syphilitic lesions of apes.

Whether the *S. pallida* is the organism of syphilis or merely some widely distributed saprophyte it is not at present possible with certainty to say, but probably the decision of the problem, one way or another, will not be long delayed. In the meantime Schaudinn's discovery will have the effect of focussing attention on the spirochætes, a group which probably contains an enormous number of species and one of which at present we know but little.*

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Pasteur Institute of India.

175. The number of patients treated at the Pasteur Institute at Kasauli has risen steadily during the five years it has been in existence. In the first year 321 patients

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* A list of references to the literature dealt with in this summary will be found at the end of Section II (European Army of India).

were treated for bites from rabid animals, and in the three succeeding years the numbers were 543, 584 and 612 respectively. In the fifth year, ending 8th August 1905, the number of patients treated numbered no less than 877, besides which 111 persons who presented themselves were not treated, as satisfactory evidence was forthcoming to show that the animals which inflicted the bites were not rabid.

Of the total number treated during the fifth year, 307 were Europeans and 570 natives against 248 and 364, respectively, during the year preceding. The patients during the current year came from practically every province in India, from the Native States of Rajputana and Kashmir, while some came from Sikkim and one each from Ceylon and Aden.

In addition to the anti-rabic treatment the preparation of anti-tetantic and anti-diphtheritic serum and of antivenene was undertaken at the institute. Of the first two 1,628 and 369 bottles respectively, and of the third 2,667 bottles were issued during the year. The market value of the serum issued at, on the average, Rs. 4 per bottle, represents a sum of Rs. 18,656. As to antivenene, the result of investigations has been the preparation of a single serum equally efficient for both cobra and daboia poisons, and this is now issued from the institute.

A considerable amount of research work was done in the spare time of the officers and by workers attached to the laboratory as well as the usual bacteriological work in connection with the examination of specimens sent from hospitals in the plains.

The scheme for the Pasteur Institute of Southern India at Coonoor will, it is hoped, be launched at no distant date.

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The King Institute of Preventive Medicine.

176. The main buildings of the provincial laboratory for the Madras Presidency, which, in recognition of the services of Colonel W. G. King, I.M.S., has been named the King Institute of Preventive Medicine, were completed by the end of 1903, and the first Superintendent, Lieutenant-Colonel Bannerman, I.M.S., was appointed in December of that year. He held the appointment until May 1904, when, on his return to the post of Director of the Plague Research Laboratory in Bombay, Lieutenant S. R. Christophers, I.M.S., was appointed Superintendent of the Institute. During the earlier months after the appointment of a Superintendent, efforts were directed mainly to the work of the Vaccine Section, and, despite many difficulties, vaccine material was supplied before the end of August 1904 to nearly all districts in the Presidency. At the present time the output is more than sufficient to meet the entire requirements of the Presidency. The laboratories of the bacteriological section were ready for occupation in August 1904 and the first step taken was the institution of a department for reporting upon specimens sent by medical men and others in the districts. That the utility of this department has been great is evidenced by the fact that over 600 specimens were received for examination during the period from August 1904 to March 1905. During the progress of this work some interesting discoveries were made, notably the finding of a hitherto unknown protozoan parasite which occurs in Indian field rats, the finding of the ova of what is probably a new species of fluke allied to the *Bilharzia hæmatobia*, and the finding of a species of tick which apparently is parasitic on man alone. In addition to the examination of specimens sent to the institute by

medical men in districts, a large amount of work was done in the examination of samples of water, sewage, milk, and other material in connection with public health work. Valuable research work of an original character was also carried out by the Superintendent, the results of which have been or will be published in the new series of the Scientific Memoirs. The buildings for the section which will deal with the preparation of curative sera and with investigation in this connection were completed during the year but it was not possible to commence work in them as some essential details still awaited the sanction of the local Government.

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Scientific Memoirs.

177. Since the issue of the last report the following memoirs have been published. No. 13.—Oriental or Delhi Sore—By Captain S. P. James, I.M.S. No. 14.—On a parasite found in the white corpuscles of the blood of dogs—By Captain S. P. James, I.M.S. No. 15.—On a parasite found in persons suffering from enlargement of the spleen in India (Third report)—By Lieutenant S. R. Christophers, I.M.S. No. 16.—The specificity of antivenomous sera, with special reference to a serum prepared with the venom of the Daboia Russellii—By Captain G. Lamb, I.M.S. No. 17.—Snake venoms in relation to hæmolysis—By Captain G. Lamb, I.M.S. No 18.—Hæmogregarina gerbilli—By Lieutenant S. R. Christophers, I.M.S. No. 19.—On kala azar, malaria and malarial cachexia—By Captain S. P. James, I.M S. No. 20.—The serum therapy of plague—By Lieutenant-Colonel W. B. Bannerman, I.M.S.

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Bacteriological Laboratories.

178. In the extract from paragraph 10 of the Government of India Resolution on the reorganization of the Sanitary Department, quoted in paragraph 156 of this report for 1903, reference was made to the scheme for establishing institutes for the study of health problems in India.

In the Home Department Resolution No. 902—20, dated the 8th June 1905, the Government of India briefly announced the scope of the scheme for the establishment of laboratories in the following terms.

"A scheme for the provision of more adequate means for the scientific study of the etiology and nature of disease in this country has recently occupied the attention of the Government of India. From time to time various plans have been discussed, but financial and other difficulties have hitherto prevented the adoption of a complete scheme; while there has lingered a doubt whether, in the peculiar circumstances of this country, it would be possible to make India self-supporting in medical and sanitary research. The financial difficulties, happily, have disappeared; and the brilliant work done in the past by some of their officers in circumstances of great difficulty, and the successful administration of the Pasteur Institute at Kasauli, lead the Government of India to hope that if the means are supplied they will obtain from among their officers a staff of scientific workers worthy of the problems that confront them. When the new scheme is developed it should no longer be necessary for officers to go from India to Europe to study the bacteriology and parasitology of tropical diseases, and it may be expected that workers from Europe will seek Indian laboratories to avail themselves under competent direction of the unrivalled material for study which the diseases of this country afford.

In brief outline, the scheme of the Government of India comprises the establishment of a central research institute at Kasauli and a laboratory for scientific medical and sanitary work at the head-quarters of each provincial Government. The functions of the central laboratory will be original research, the preparation of curative sera for the diseases of man, and the training of scientific workers. The function of the provincial laboratories will be primarily the provision of expert assistance for the provincial medical and sanitary officers, but the superintendents of these laboratories will be encouraged, so far as opportunities allow, to prosecute original research.

The Central Research Institute will be located at Kasauli which possesses advantages over any other place which has been suggested to the Government of India. Kasauli has a temperate climate, is easy of access by rail, is the site of the Pasteur Institute (while there are large hospitals at no great distance) and is conveniently near the head-quarters of the Government of India and their Sanitary Commissioner, under whose administrative control the Director of the Institute will work.

Most of the provincial laboratories are already in existence, although some of them must for the present undertake work which will be carried on elsewhere when the general scheme is mature. At Guindy there is the admirable institute called into existence by the efforts of Lieutenant-Colonel King, after whom it has been named. Here, in addition to general research work, vaccine lymph is prepared, and it may be considered desirable by the Government of Madras to manufacture curative sera also. At Bombay the plague research laboratory will eventually become the provincial bacteriological laboratory; but during the persistence of plague the manufacture of the prophylactic will be continued there as well as research in connection with the disease. In Bengal there is a bacteriological laboratory attached to the pathological department in the Medical College, Calcutta. In the United Provinces there is Mr. Hankin's well known laboratory at Agra where bacteriological and medico-legal work for the United Provinces and Central Provinces is carried on. In Burma a similar laboratory is about to be opened at Rangoon. In both cases, eventually, separate arrangements for medico-legal work will be made. In the Punjab no bacteriological laboratory has as yet been provided, and, for the present, the Government of India think that the Pasteur Institute at Kasauli may suitably undertake routine work for that province on such terms as may be arranged.

The Pasteur Institute at Kasauli, with the exception noted above, and the antirabic institute about to be opened at Coonoor in Southern India will be restricted to work in connection with the prevention of rabies.

The scheme has the approval of the Secretary of State, and the Government of India propose to appoint, as the first Director of the Central Research Institute, Lieutenant-Colonel Semple, M.D., R.A.M.C. (retired), whose successful administration of the Pasteur Institute of India has marked him out as possessing the zeal and capacity to make the institute in all respects fit for the great task that lies before it."

JOHN T. W. LESLIE, *Lieut.-Col., I.M.S.,*

Sanitary Commissioner with the Govt. of India.

G. C. Press, Simla.—No. 24 S. C – 18-1-06—25—C. G. deS.

APPENDICES

TO THE

ANNUAL REPORT OF THE SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA

FOR

1904.

Table I.—Highest, lowest and mean temperature in shade and its

STATIONS.	January.				February.				March.				April.				May.				June.			
	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.
Calcutta (Alipore)	83·4	48·4	66·1	−0·1	90·4	46·9	70·9	−0·3	100·0	61·9	80·6	+0·4	101·5	69·4	86·3	+0·7	98·0	67·9	85·0	−1·0	101·0	74·4	84·8	0
Narayanganj ...	80·6	49·3	66·3	−0·3	89·1	52·3	69·8	−0·6	100·6	63·3	80·6	+1·5	99·1	65·3	82·9	−0·9	93·1	68·3	82·2	−1·4	95·1	74·3	84·0	+0·4
Chittagong ...	82·4	49·1	66·3	−0·5	88·5	52·1	70·0	−0·7	98·0	63·1	78·5	+1·3	91·0	62·1	79·9	−1·4	92·5	69·1	82·0	0	92·5	72·1	82·2	+0·6
Sibsagar ...	74·3	42·0	58·5	−1·3	82·3	42·9	62·9	−0·3	88·2	53·4	68·6	−1·1	87·2	59·9	72·3	−2·3	90·2	66·0	77·2	−1·6	95·2	73·0	82·8	0
Silchar ...	80·4	46·5	65·0	0	85·4	48·5	68·1	−0·1	96·6	60·4	76·4	+1·8	94·5	61·9	76·8	−2·1	94·0	65·3	79·9	−0·7	99·1	72·8	84·1	+1·3
Cuttack ...	88·4	54·1	70·7	−1·5	95·4	51·6	75·0	−3·0	103·4	68·2	84·9	+0·2	108·5	74·2	91·0	+1·0	106·4	70·7	89·4	−1·5	106·4	73·7	85·6	−2·3
Hazaribagh ...	80·0	43·6	62·7	+1·0	85·2	44·2	66·4	+0·2	92·1	54·7	72·3	−3·9?	105·1	68·1	87·4	+2·1	105·1	67·8	86·6	?	98·7	71·3	82·6	−1·6
Patna ...	79·9	43·6	61·7	+0·1	85·1	45·4	67·0	+1·1	100·3	57·3	78·5	+1·0	107·6	67·7	88·0	+1·0	105·5	70·7	86·5	−2·5	103·0	74·2	87·0	−1·3
Darjeeling ...	55·4	33·9	42·2	+1.4	57·3	26·2	43·8	+2·0	66·2	34·1	49·9	+0·5	68·2	42·1	55·1	−0·5	67·7	44·1	56·9	−1·3	72·2	51·6	62·0	+1·3
Allahabad ...	80·7	41·6	61·8	+0·6	86·6	40·6	65·6	−0·4	101·1	56·1	76·8	−0·8	109·1	67·1	88·6	+0·5	211·1	73·1	92·3	−1·0	111·1	78·1	93·1	+1·0
Lucknow ...	78·7	41·6	60·7	+0·4	89·3	42·2	66·5	+1·6	100·8	54·2	76·0	+0·1	109·3	64·3	87·8	+1·1	108·8	71·3	90·3	−1·1	110·8	73·3	91·5	+0·6
Meerut ...	76·5	35·2	57·5	−0·3	86·5	38·2	63·2	+1·7	99·7	52·3	70·9	−1·3	106·2	61·8	84·5	+1·2	108·7	68·3	88·5	−1·0	108·2	73·3	92·4	+1·9
Delhi ...	77·2	40·0	58·2	−1·1	83·7	43·9	64·6	+1·3	97·7	53·4	72·5	−2·3	106·2	67·3	87·4	+0·8	110·2	69·8	91·2	−1·3	111·2	73·8	94·5	+1·2
Agra ...	77·5	39·9	60·1	−1·0	86·5	43·9	66·3	+0·8	100·5	55·4	75·4	−1·5	107·0	67·9	88·3	+0·1	112·0	71·4	92·7	−1·7	110·0	77·4	95·1	+0·7
Jhansi ...	83·2	46·2	64·4	+0·7	87·2	48·2	69·5	+1·2	102·3	58·1	78·2	−1·6	109·3	72·1	92·7	+2·2	115·4	74·1	96·3	+0·4	111·8	76·6	95·1	+1·7
Ajmer ...	79·9	39·4	59·9	+0·1	83·9	41·9	66·1	+2·5	98·9	53·3	74·0	−0·5	103·9	60·7	87·3	+2·0	108·9	69·1	92·4	+0·8	104·4	74·6	90·3	−0·4
Saugor ...	83·9	43·1	65·4	+1·1?	87·9	48·1	68·2	−0·2	98·9	55·1	75·6	−2·7	104·4	68·1	87·7	+0·6	111·5	72·1	91·6	−0·3	104·9	71·1	88·2	+0·5
Jubbulpore ...	84·9	39·4	63·4	+0·6	89·9	39·4	65·2	−2·3	98·5	51·9	74·2	−2·7	105·5	58·3	85·1	−1·3?	112·5	70·6	91·1	−1·2	104·5	72·1	87·6	−0·1
Multan ...	76·3	36·0	55·7	−1·1	83·8	43·9	64·1	+3·5	96·3	49·9	70·9	−1·6	107·9	60·4	86·1	+2·3	115·9	75·0	95·0	+2·9	114·5	83·1	98·3	+2·6
Lahore ...	73·3	34·6	53·1	−1·8	82·8	35·1	60·4	+2·0	90·4	52·1	67·1	−2·6	105·4	57·1	81·1	−0·2	114·9	65·2	91·0	+1·9	114·4	74·2	95·7	+2·4
Peshawar ...	66·7	33·4	49·8	−1·8	79·6	37·9	57·6	+3·3	84·1	45·4	62·4	−1·7	95·0	54·0	74·1	+0.3	104·5	62·5	84·5	+0·2	116·0	70·9	93·8	+2·2
Ranikhet ...	62·2	30·0	47·5	+0·3	66·1	34·0	52·1	+5·9	76·5	34·5	56·0	−1·3	84·0	49·5	63·0	+2·1	86·1	50·0	68·7	−0·7	85·0	56·0	71·1	+0·7
Chakrata ...	60·5	23·4	42·2	−1·3	66·0	31·4	48·4	+4·8	71·0	29·4	50·0	−3·0	78·0	42·8	62·3	+1·1	79·5	44·3	64·4	−1·1	83·1	54·8	67·4	+0·2
Indore ...	87·1	41·1	65·9	+1·3	91·6	44·1	67·2	−0·6	100·6	48·6	74·1	−2·4	105·6	59·1	86·3	+1·2	110·1	67·6	90·4	+1·1	100·6	69·1	84·7	−0·2
Deesa ...	91·1	42·5	68·0	+0·7	96·1	49·6	73·5	+2·7	108·1	52·6	78·6	−1·4?	110·6	63·0	89·1	+1·1	115·1	74·0	92·8	+0·7	106·1	76·0	92·2	+1·0
Kurrachee ...	85·9	46·2	65·8	+0·1	87·4	53·2	71·5	+2·6	92·9	50·7	74·7	−1·5	100·9	62·2	83·6	+1·8	106·9	73·7	86·9	+1·1	99·4	73·2	88·3	+0·2
Bombay ...	88·0	62·5	76·5	+1·3	91·0	67·0	77·8	+2·2	94·5	69·5	80·1	+0·6	91·0	75·0	83·4	+0·3	92·5	78·0	86·1	+0·4	92·5	74·5	83·7	+0·2
Belgaum ...	89·3	55·9	70·8	+0·3	91·3	54·9	73·1	−1·1	96·3	58·9	77·5	−1·6	100·3	61·9	80·6	−1·2	99·3	65·8	80·2	−0·5	89·3	64·8	72·8	−1·7
Nagpur ...	90·1	48·2	70·6	+1·0	94·1	47·7	73·7	−1·0	103·1	58·2	81·6	−1·5	111·7	64·1	92·7	+1·9	116·7	74·1	95·6	−0·1	106·1	73·6	87·8	−0·6
Bellary ...	91·0	57·1	74·0	−0·1	97·5	57·6	77·6	−2·3	103·0	68·0	86·1	−0·2	107·0	65·2	90·3	+0·1	107·0	68·2	89·0	−1·0	99·5	73·2	84·3	−0·8
Bangalore ...	84·8	52·9	68·1	−0·5	89·3	52·9	71·6	−1·1	94·3	60·9	77·5	−0·1	96·3	63·8	81·4	+0·3	97·3	63·3	78·6	−1·6	86·3	63·8	73·8	−2·0
Madras ...	85·0	62·0	76·2	+0·2	86·5	61·0	75·4	−2·1	93·5	67·5	79·1	−2·1	100·5	74·0	86·1	+1·0	103·0	75·0	88·0	−1·9	103·5	79·0	91·0	+1·4
Rangoon ...	89·1	59·8	75·1	?	97·6	61·8	77·7	?	98·6	66·3	83·2	−0·7	97·6	70·9	85·0	−2·4	98·1	75·4	84·4	−0·1	88·1	73·9	80·7	−0·8
Akyab ...	81·9	56·6	69·8	−0·7	88·9	56·6	72·3	−0·9	92·9	65·2	79·9	+0·8	91·9	67·2	82·6	−1·4	92·9	73·2	84·0	−0·5	90·9	73·2	81·0	−1·1

departure from the average of each month in thirty-four stations of India during 1904.

July.				August.				September.				October.				November.				December.				Stations.
Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	
93·4	74·9	82·7	−0·6	92·4	76·9	84·0	+1·3	93·4	74·9	83·4	+0·5	92·4	62·9	80·8	+0·3	88·4	55·4	73·6	+0·7	81·4	50·9	68·0	+1·8	Calcutta (Alipore).
92·1	73·3	82·8	−1·0	91·6	76·8	83·9	+0·6	93·1	75·3	84·0	+0·3	91·6	66·8	81·4	−0·2	89·1	58·3	74·0	−0·8	82·6	53·8	67·9	+0·2	Narayanganj.
88·0	73·6	80·2	−0·9	90·0	75·1	81·8	+1·0	90·5	73·1	81·5	−0·1	89·5	66·1	79·5	−0·5	87·0	56·6	72·9	−1·5	80·4	53·6	67·4	−0·7	Chittagong.
92·2	74·0	82·9	−1·1	95·7	75·0	82·8	−0·7	92·2	73·0	81·3	−0·9	90·2	59·9	77·0	−0·8	82·3	49·4	67·2	−1·8	72·3	45·9	59·1	−2·0	Sibsagar.
96·1	74·3	82·9	−0·9	96·1	74·8	83·5	+0·4	98·6	72·3	83·6	+0·5	92·0	63·9	80·0	−0·5	90·5	55·4	72·7	−1·6	81·9	49·9	66·0	−1·4	Silchar.
94·4	74·2	83·4	−0·8	92·4	75·2	83·2	−0·6	94·4	74·2	83·7	−0·5	94·9	66·2	82·5	+0·3	89·9	57·6	75·1	−0·5	84·9	54·1	70·8	+0·4	Cuttack.
88·2	71·3	78·7	−0·5	87·2	72·3	78·9	+0·5	89·2	67·8	78·7	+0·2	89·7	58·2	76·1	+1·0	85·2	50·7	67·0	−0·6	78·2	45·2	63·1	+1·8	Hazaribagh.
94·0	74·2	83·7	−1·3	98·0	76·2	83·7	−0·6	93·5	74·2	84·4	−0·1	94·5	64·3	80·3	0	87·5	53·9	70·2	−0·9	76·5	46·4	64·1	+1·2	Patna.
69·2	56·1	61·7	−0·3	71·2	55·6	61·8	+0·5	68·2	52·1	60·5	+0·7	67·7	42·6	55·3	+0·2	65·2	36·0	49·2	+0·9	62·7	33·0	43·6	+0·8	Darjeeling.
99·6	75·1	83·9	−1·6	91·6	75·6	83·3	−1·0	95·6	71·1	83·7	−0·5	95·1	59·1	78·9	−0·2	88·6	50·1	68·4	−0·7	80·7	44·6	62·9	+1·2	Allahabad.
97·3	74·8	83·9	−1·9	92·3	72·3	83·3	−1·2	95·3	68·8	82·8	−1·5	94·3	55·7	77·2	−1·2	88·3	49·2	67·9	−0·2	79·7	41·6	61·4	+0·5	Lucknow.
105·7	73·3	85·5	−0·6	94·6	72·3	83·7	−0·9	96.1	66·3	82·4	−0·9	94·6	54·3	76·5	0	87·5	47·3	66·4	÷0·4	77·5	38·2	59·8	+1·0	Meerut.
107·2	75·3	85·6	−1·8	95·2	74·8	83·9	−1·7	97·2	70·8	83·6	−1·5	95·2	56·9	79·2	−0·9	88·2	52·9	68·2	−1·4	76·2	43·9	61·0?	−0·4?	Delhi.
104·5	74·4	84·7	−2·3	92·5	75·9	83·3	−1·7	96·0	70·9	84·1	−0·9	97·0	61·9	81·0	+0·6	92·0	51·9	69·6	−0·6	79·5	45·4	62·6	−0·4	Agra.
105·3	72·6	82·8	−2·3	91·2	74·1	81·5	−1·5	96·2	71·1	83·5	−0·3	97·2	65·1	82·7	+1·7	95·7	56·7	73·1	+1·1	87·2	48·7	66·2	+1·1	Jhansi.
102·9	73·6	83·9	−0·4	90·9	72·1	80·7	−1·1	97·4	67·1	84·5	+2·3	97·9	56·2	80·4	+2·8	91·9	52·8	70·7	+3·2	83·4	43·3	62·9	?	Ajmer.
98·9	61·1	77·4	−2·2	87·4	70·1	77·0	−1·2	90·4	66·6	77·9	−1·2	91·9	61·1	78·5	+1·8	89·4	52·1	69·9	+0·3	83·9	48·1	65·7	+1·4	Saugor.
97·5	71·1	79·0	−1·3	87·9	70·6	78·1	−1·3	90·9	64·2	78·8	−1·4	90.9	56·4	75·5	−0·3	87·4	44·9	65·5	−2·0	83·9	39·4	63·5	+2·0	Jubbulpore.
112·4	82·1	96·5	+2·7	107·9	79·5	94·0	+2·6	109·4	70·0	90·4	+1·4	105·4	56·9	81·8	+1·9	92·8	49·9	71·5	+3·1	80·8	40·0	60·8	+1·7	Multan.
109·4	76·2	93·0	+3·0	104·9	76·8	90·6	+2·6	104·4	66·7	86·7	+1·0	102·9	54·1	79·3	+2·2	90·4	45·1	66·7	+1·5	79·3	37·1	58·6	+1·8	Lahore.
114·0	71·9	91·3	+0·2	106·5	68·9	87·6	−0·9	100·0	62·5	81·8	−1·3	96·0	52·5	73·1	+0·3	83·6	40·9	62·1	+1·0	74·1	33·4	54·2	+0·9	Peshawar.
80·0	60·0	68·2	−0.3	76·0	59·0	67·0	−0·4	77·0	55·0	65·6	−0·8	73·5	46·0	61·6	−0.1	68·6	40·0	53·1	−1·8	64·6	35·0	48·9	−1·3	Ranikhet.
73·0	57·8	63·4	−1·7	71·0	56·3	63·2	−1·0	70·5	48·8	61·6	−1·3	71·5	37·9	59·1	+0·5	68·5	34·9	50·8	−1·2	68·0	31·9	46·4	−0·7	Chakrata.
94·6	70·1	78·2	−0·4	89·6	68·6	77·1	0	95·6	62·1	78·0	+0·3	94·1	56·1	78·3	+1·6	90·6	47·1	69·3	+0·6	87·1	44·1	65·9	+1·6	Indore.
105·6	74·0	84·9	+0·3	98·1	73·5	85·3	+3·0	105·6	68·5	87·6	+4·3	106·6	58·1	85·9	+4·1	101·1	56·1	77·7	+3·1	93·1	48·6	71·0	+2·0	Deesa.
92·4	77·7	84·5	−1·0	90·9	74·2	83·3	−0·2	95·9	71·7	83·0	+0·2	104·9	60·7	82·1	+0.9	96·4	59·2	77·2	+2·6	89·9	48·7	69·9	+1·8	Kurrachee.
87·5	75·5	81·9	+0·9	87·0	75·0	81·4	+0·9	88·0	75·5	81·7	+1·2	93·0	75·0	83·5	+1·5	92·0	70·0	80·3	+0·2	87·5	66·0	77·3	+0·2	Bombay.
79·3	64·8	70·9	−0·5	80·3	62·9	70·7	?	85·3	60·4	72·0	−0·1	89·3	62·4	75·0	+1·0	86·3	50·9	70·4	−1·2	84·3	52·4	69·4	−0·5	Belgaum.
95·6	71·6	82·0	+0·6	94·1	72·6	80·6	−0·2	95·1	65·1	80·5	−1·1	96·1	62·6	79·3	0	90·6	52·2	71·5	−1·2	86·6	48·2	69·1	+1·3	Nagpur.
95·0	70·7	82·3	−0·5	97·0	72·2	83·3	+1·1	96·5	69·7	82·9	+1·2	97·0	64·2	81·7	+1·3	92·5	56·1	75·0	−0·2	89·5	54·1	73·3	0	Bellary.
84·8	62·8	72·7	−1·2	87·8	62·8	73·5	−0·3	87·3	62·4	74·4	+0·8	87·3	59·4	74·1	+0·9	85·3	51·9	70·3	−0·4	83·3	51·9	68·1	−0·3	Bangalore.
101·0	73·5	87·0	−0·2	101·5	75·0	87·0	+1·5	100·5	72·5	86·7	+1·7	94·5	67·0	82·4	+0·3	93·5	64·0	79·5	+0·8	87·5	62·5	76·7	+0·2	Madras.
88·6	72·9	79·5	−1·0	87·6	73·9	79·4	−1·0	88·6	73·4	80·1	−0·8	91·1	74·4	82·3	+0·6	89·6	64·2	80·3	+0·3	86·1	62·8?	75·7?	−2·0?	Rangoon.
85·9	74·2	79·6	−1·5	88·9	76·3	81·3	+0·5	88·9	75·2	81·8	−0·5	89·9	73·2	81·9	−0·4	89·9	60·1	76·4	−1·9	80·9	59·1	70·6	−2·3	Akyab.

TABLE II.—*Monthly and Annual Rainfall and its departure from the average at thirty-four Stations in India during 1904.*

Stations.	January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		Total.	
	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.
	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches	Inches.	Inches.	Inches.
Calcutta (Alipore)	0	−0·29	2·58	+1·56	2·62	+1·48	0·33	−1·21	9·84	+4·24	10·25	−0·79	20·62	+8·31	10·11	−2·58	5·72	−4·68	0·98	−2·89	0·15	−0·47	0	−0·31	63.20	+2·37
Narayanganj	0	−0·38	2·71	+1·43	0·55	−1·78	6·22	+1·46	12·89	+3·14	8·69	−4·07	15·14	+1·89	14·29	+1·79	14·33	+5·34	4·06	+0·01	2·12	+0·85	0·15	−0·04	81·15	+9·64
Chittagong	0	−0·41	2·11	+0·95	2·30	+0·16	16·12	+11·65	12·22	+2·54	14·89	−7·92	23·29	+0·37	12·24	−7·75	8·77	−4·26	1·29	−5·12	2·38	+0·89	0·10	−0·48	95·71	−9·33
Sibsagar	0·95	−0·19	1·56	−0·60	3·89	−0·85	24·83	+14·95	10·98	−0·49	6·78	−7·36	12·37	−3·52	15·39	−0·90	9·75	−2·02	4·02	−1·15	2·58	+1·47	0·07	−0·52	93·17	−1·18
Silchar	0·53	−0·11	4·38	+2·06	6·62	−1·31	30·72	+17·16	13·61	−2·11	26·10	+5·71	38·63	+18·65	22·92	+4·23	19·18	+5·23	4·39	−2·01	5·90	+4·59	0·08	−0·46	173·06	+51·63
Cuttack	0	−0·33	0·21	−0·28	0·20	−1·11	0	−1·38	5·37	+1·83	11·14	+0·23	5·10	−6·95	13·73	+1·31	9·74	−0·74	3·14	−2·59	0	−1·36	0·15	−0·19	48·78	−11·57
Hazaribagh	0·11	−0·48	0·44	−0·37	2·36	+1·67	0·07	−0·36	3·12	+1·35	12·32	+3·54	19·36	+5·74	16·69	+3·97	4·47	−3·79	2·23	−1·08	0·12	−0·18	0	−0·21	61·29	+9·80
Patna	0·37	−0·35	0·52	−0·01	0·06	−0·29	0	−0·30	2·83	+1·13	9·82	+2·06	19·53	+8·12	26·07	+15·35	2·26	−5·56	3·51	+0·62	0·04	−0·16	0	−0·14	65·01	+20·47
Darjeeling	0·72	−0·04	1·60	+0·52	0·16	−1·85	3·74	−0·34	12·63	+4·80	19·00	−5·19	28·26	−3·48	23·02	−2·96	10·34	−8·00	8·40	+3·05	0·14	−0·10	0	−0·20	108·01	−13·79
Allahabad	0·30	−0·52	0	−0·48	0·31	−0·07	0·02	−0·12	0·06	−0·23	1·00	−4·09	12·30	+0·06	17·61	+6·73	2·56	−3·76	5·64	+3·24	0·55	+0·30	0·96	+0·73	41·31	+1·79
Lucknow	0·20	−0·70	0	−0·45	0·24	−0·08	0·06	−0·05	0·52	−0·39	8·00	+2·66	14·23	+2·84	10·43	−0·89	6·76	+0·15	0·66	−0·67	0·73	+0·65	0·76	+0·32	42·59	+3·39
Meerut	0·26	−0·79		−0·83	1·81	+1·18	0·08	−0·26	1·98	+1·28	1·49	−2·11	7·18	−2·19	10·77	+3·13	7·75	+3·20	0·03	−0·40	0·49	+0·41	0·67	+0·27	32·51	+2·89
Delhi	0·14	−0·88	0	−0·61	1·34	+0·67	0	−0·35	1·19	+0·48	1·82	−1·36	6·43	−1·95	7·79	+0·35	10·15	+5·73	0	−0·39	0·55	+0·45	1·01	+0·58	30·42	+2·72
Agra	0·36	−0·19	0	−0·33	0·39	+0·14	0	−0·16	0·31	−0·33	3·03	+0·19	12·54	+2·87	15·25	+8·14	0·84	−3·57	0	−0·39	0·37	+0·31	1·40	+1·11	34·49	+7·79
Jhansi	0·57	−0·03	0·03	−0·28	1·67	+1·34	0·03	−0·10	0·78	+0·47	3·59	−1·41	22·31	+9·62	14·00	+3·08	1·03	−4·63	0·02	−0·63	0·07	0	1·02	+0·75	45·12	+8·18
Ajmer	0·20	−0·11	0	−0·28	1·13	+0·82	0	−0·13	1·37	+0·78	2·07	−0·34	4·14	−2·68	6·83	−0·54	0·31	−2·78	0	−0·29	0·15	−0·05	0·60	+0·31	16·80	−5·29
Saugor	0·01	−0·66	0·55	+0·04	2·19	+1·97	0	−0·16	0·43	−0·08	4·31	−3·09	21·98	+5·57	7·46	−5·01	2·59	−5·14	0·02	−1·15	0	−0·33	0·58	+0·03	40·12	−8·01
Jubbulpore	0·17	−0·55	0·69	+0·17	1·35	+0·87	0	−0·22	0·11	−0·36	3·93	−4·60	15·11	−3·71	12·26	−2·87	5·00	−3·38	2·64	+1·09	0·02	−0·35	0·54	+0·28	41·82	−13·63
Multan	1·07	+0·68	0·01	−0·35	2·06	+1·64	0	−0·27	0	−0·39	0	−0·43	0	−2·19	0·28	−1·38	0	−0·60	0	−0·07	0·87	+0·81	0·41	+0·14	4·70	−2·41
Lahore	1·39	+0·52	0	−1·13	5·37	+4·48	0·32	−0·19	0·21	−0·59	0·99	−0·87	0·76	−5·89	2·55	−2·33	0·49	−1·61	0·04	−0·39	0·06	−0·05	0	−0·47	12·18	−8·52
Peshawar	3·30	+1·76	0·03	−1·28	7·27	+5·39	0·94	−0·83	0·34	−0·33	0	−0·27	0·83	−0·84	1·14	−1·03	1·06	+0·39	0·47	+0·29	0·07	−0·51	0·19	−0·36	15·64	+2·38
Ranikhet	1·63	−0·89	0·05	−2·24	2·46	+0·66	0·54	−0·72	2·90	+0·52	6·16	−0·14	15·69	+2·22	13·85	+0·46	7·84	+1·11	0·31	−0·96	1·77	+1·49	1·38	+0·49	54·58	+2·02
Chakrata	5·48	+2·27	0·99	−2·59	6·74	+4·10	0·97	−0·55	3·25	+0·72	5·10	−3·23	21·78	+2·49	27·22	+9·30	4·22	−2·08	0·77	+0·01	1·39	+1·05	1·92	+0·62	79·83	+12·11
Indore	0·01	−0·24	1·13	+0·89	0·07	+0·02	0	−0·17	0·16	−0·31	3·75	−2·58	6·20	−3·56	1·42	−6·33	5·98	−1·48	0	−1·09	0	−0·24	0·08	−0·10	18·80	−15·19
Deesa	0·29	+0·15	0·01	−0·13	0·04	−0·04	0	−0·05	0	−0·19	0·47	−1·81	4.07	−5·25	0·73	−7·04	0·41	−3.13	0	−0·58	0	−0·14	0	−0·05	6·02	−18·26
Kurrachee	1·46	+0·80	0·90	+0·60	2·26	+2·10	0	−0·13	0	−0·03	0	−0·47	0	−3·06	0	−1·73	0	−0·64	0	−0·04	0	−0·16	0	−0·19	4·62	−2·95
Bombay	0	−0·12	0	−0·02	0·07	+0·06	0	−0·05	0	−0·55	14·46	−6·10	10·80	−13·76	5·64	−9·27	1·88	−9·05	0·56	−1·20	0	−0·47	0	−0·05	33·41	−40·58
Belgaum	0	−0·06	0·01	−0·02	0·11	−0·38	2·71	+0·66	3·48	+0·75	17·91	+8·59	9·76	−5·61	7·78	−1·37	2·28	−1·77	3·49	−1·60	0	−1·33	0	−0·24	47·53	−2·38
Nagpur	0·07	−0·51	0·19	−0·23	1·11	+0·54	0	−0·46	0·51	−0·17	8·52	+0·08	5·15	−8·34	9·22	−0·57	6·74	−1·37	1·92	−0·22	0	−0·51	0·04	−0·39	33·47	−12·15
Bellary	0·10	0	0	−0·03	0·37	−0·05	0·50	−0·33	4·73	+2·80	2·57	+0·73	1·46	+0·05	0·36	−1·82	2·78	−1·34	10·96	+6·92	0	−1·20	0	−0·20	23·83	+5·53
Bangalore	0·02	−0·04	0	−0·22	0	−0·72	0·57	−0·62	9·51	+4·98	1·95	−1·18	5·88	+1·75	2·12	−3·88	4·98	−2·13	6·19	−0·55	0	−2·61	0·07	−0·32	31·29	−5·54
Madras	2·10	+1·27	0	−0·28	0	−0·37	0	−0·65	0·92	−1·04	0·58	−1·48	6·21	+2·41	2·55	−2·11	3·51	−1·33	2·33	−8·60	0·20	−13·10	3·34	−1·91	21·74	−27·19
Rangoon	0	−0·11	0	−0·23	0	−0·16	3·97	+2·23	5·76	−5·97	19·29	+0·99	26·11	+4·74	25·07	+5·42	13·84	−2·05	1·23	−5·89	4·85	+2·33	0·04	−0·03	100·16	+1·27
Akyab	0	−0·12	0·08	−0·09	0	−0·53	5·77	+4·21	11·22	−1·02	48·18	−1·32	60·96	+9·15	27·76	−11·74	23·14	+0·09	1·93	−9·46	8·70	+5·43	0·03	−0·41	187·77	−5·81

A.—COMMANDS AND DIVISIONS. (1904)	Average strength.	RATIO PER MILLE OF STRENGTH.											
		Admissions into Hospital.	Constantly sick.	Deaths.	Invalids.	Deaths from							
						Cholera.	Small-pox.	Enteric fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.
Northern Command	18,297	881	53	11·15	34	...	·05	4·26	1·04	·49	·87	·22	·87
Western „	19,699	909	60	12·39	44	·30	...	3·96	·25	·61	·51	·41	1·88
Eastern „	18,648	887	59	11·10	31	·21	·16	4·34	·32	·21	·21	·70	1·56
1st (Peshawar) Division	2,662	740	44	10·52	36	...	...	3·01	1·50	·38	1·13	...	·75
2nd (Rawalpindi) „	6,933	777	51	10·53	33	...	·14	4·62	·29	·29	·58	·43	·87
3rd (Lahore) „	8,702	1,006	57	11·84	33	...	...	4·37	1·49	·69	1·03	·11	·92
4th (Quetta) „	4,230	784	59	5·44	63	...	...	1·18	...	·24	·47	·24	·71
5th (Mhow) „	7,051	1,095	65	15·18	33	...	...	6·67	·43	...	·43	·85	1·99
6th (Poona) „	7,051	800	58	13·05	34	·85	...	3·40	...	1·42	·57	·14	2·27
7th (Meerut) „	8,996	845	57	10·89	26	...	·22	4·67	·33	·33	·22	·89	1·45
8th (Lucknow) „	9,652	926	61	11·29	35	·41	·10	4·04	·31	·10	·21	·52	1·66
9th (Secunderabad) „	8,226	914	61	7·29	44	...	...	3·28	...	...	·24	·12	1·34
Burma	3,782	1,099	67	9·25	27	·26	...	·26	·26	·53	·53	·79	·79
Aden Brigade	1,367	906	52	16·09	91	...	...	1·46	1·46	·73	·73	...	2·93
INDIA	71,083	900	57	10·83	35	·15	·06	3·76	·49	·38	·52	·42	1·36

B.—Groups.	Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
			Admissions.	Constantly sick.	Admissions from									
					Influenza.	Chclera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued feer.	Pneumonia.	Dysentery.	Venereal diseases.
Group I.—Burma Coast and Bay Islands.	1891—1900	1,269	1,337	93	35·4	·1	·2	8·4	148·9	5·4	86·5	2·1	56·2	496·2
	1903	975	1,668	103	3·1	...	...	9·2	261·5	31·8	13·3	1·0	65·6	517·9
	1904	1,099	1,469	90	10·0	...	...	7·3	111·0	14·6	99·2	2·7	22·7	419·5
„ II.—Burma Inland ...	1891—1900	2,572	1,516	95	6·9	·4	·1	4·7	357·7	21·7	48·6	1·8	31·9	481·3
	1903	2,408	1,005	65	1·7	·4	...	7·5	171·9	2·5	17·9	1·7	9·1	290·3
	1904	2,338	918	58	·4	...	...	2·6	154·8	2·1	17·5	1·3	9·8	275·0
„ IV.—Bengal and Orissa ...	1891—1900	2,263	1,501	89	5·0	·7	...	11·1	425·4	30·8	19·8	2·2	63·0	447·1
	1903	1,912	1,226	76	23·0	4·2	·5	4·2	208·2	6·8	16·2	5·2	32·9	404·3
	1904	1,617	1,244	83	29·7	1·9	1·2	5·6	155·2	28·4	44·5	1·9	16·7	369·2
„ V.—Gangetic Plain and Chutia Nagpur.	1891—1900	6,993	1,424	100	9·0	6·1	·6	30·2	233·2	9·1	47·4	2·1	31·3	539·5
	1903	6,831	947	67	1·8	·6	4·4	25·9	147·6	2·2	46·1	2·8	18·0	236·7
	1904	6,707	919	60	2·7	...	·6	29·8	129·3	2·4	69·8	1·5	20·6	175·0
„ VI.—Upper Sub-Himalaya ...	1891—1900	13,325	1,497	90	3·6	1·2	·5	27·0	438·7	10·7	32·3	5·6	22·9	428·7
	1903	13,261	1,044	63	1·0	2·6	·5	27·5	319·8	3·1	16·2	6·1	14·7	198·2
	1904	13,776	919	56	13·1	...	·7	27·5	208·8	1·4	15·3	3·0	11·4	176·8
„ VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1891—1900	4,741	1,654	86	3·7	1·2	·4	19·5	692·0	46·7	29·4	7·0	19·7	316·3
	1903	4,742	1,098	57	...	1·1	1·7	14·6	403·4	11·2	40·3	4·0	8·0	172·9
	1904	4,905	813	53	...	...	·4	7·3	198·0	5·1	28·5	4·5	4·7	162·3
„ VIII.—South-Eastern Rajputana, Central India and Gujarat.	1891—1900	6,330	1,614	99	5·5	1·7	·9	32·2	443·3	10·3	41·1	2·5	22·4	504·4
	1903	6,097	1,315	73	·2	...	·8	41·3	441·0	4·8	13·8	5·4	21·5	252·6
	1904	6,238	1,110	69	1·0	...	2·4	26·1	292·7	3·2	8·0	3·5	13·3	270·6
„ IX.—Deccan	1891—1900	9,524	1,271	91	10·8	1·2	1·6	21·5	247·5	8·0	31·8	2·2	30·4	484·1
	1903	10,262	1,090	66	3·0	...	·2	17·5	217·3	4·2	12·8	3·0	13·4	344·4
	1904	10,029	889	55	...	1·2	1·0	21·3	158·1	5·5	15·8	3·5	16·0	201·7
„ X.—Western Coast ...	1891—1900	1,513	1,191	77	·8	·1	·2	7·3	149·6	7·4	74·0	1·7	16·7	426·8
	1903	1,672	900	61	·6	...	1·8	2·4	126·8	1·2	3·6	5·4	9·6	325·4
	1904	1,645	846	61	1·2	...	...	3·0	97·9	·6	1·8	1·2	6·1	303·3
„ XI.—Southern India ...	1891—1900	3,371	1,254	83	9·0	·4	·7	16·9	143·3	9·1	54·6	2·5	33·2	458·7
	1903	3,573	1,093	74	8·7	...	...	16·0	95·4	·3	17·6	3·9	15·1	340·3
	1904	3,791	882	51	1·3	...	...	23·7	102·1	1·8	7·4	2·4	14·5	209·2
„ XII a.—Hill Stations ...	1891—1900	8,389	1,156	76	6·8	·8	...	33·8	233·1	8·9	19·7	5·1	18·3	355·0
	1903	9,921	744	49	4·9	2·6	·2	13·5	109·7	1·8	14·8	4·3	11·0	160·0
	1904	10,772	724	47	5·1	·1	·2	14·7	68·0	2·0	31·0	5·1	6·7	170·3
„ XII b.—Hill Convalescent Depôts and Sanitaria.	1891—1900	3,376	1,250	85	7·2	·9	·1	15·8	275·7	9·7	13·0	3·7	23·8	351·3
	1903	3,673	1,027	69	·8	·8	...	12·3	185·7	4·9	7·9	3·3	19·3	253·5
	1904	3,551	952	72	6·2	...	...	23·4	207·5	1·7	16·1	5·4	21·5	181·6
INDIA	1891—1900	68,224	1,399	87	6·8	1·5	·4	24·2	346·1	14·6	35·4	3·8	29·6	431·0
	1903	70,445	1,033	63	3·1	1·1	1·0	19·6	242·6	4·0	18·5	4·6	16·9	247.0
	1904	71,083	900	57	4·9	·2	·7	19·6	174·0	3·4	23·7	3·4	12·6	198·5

Appendix to Section II.—European Troops—continued.

C.—ADMISSION AND DEATH RATES FROM ENTERIC FEVER IN STATIONS OF OVER 1,000 STRENGTH.

Stations.	1904.		Decennium 1891-1900.		Stations.	1904.		Decennium 1891-1900.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.		Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
Lucknow	51·6	6·59	40·0	10·09	Fyzabad	13·8	3·96	23·3	5·05
Meerut	44·9	11·62	34·8	10·45	Belgam	12·8	1·97	3·9	1·43
Ambala	40·7	9·31	33·1	9·07	Peshawar	12·7	1·90	37·7	13·77
Poona	33·8	5·79	18·9	5·71	Bareilly	10·9	6·35	27·2	6·18
Bangalore	31·7	2·60	22·0	4·24	Kamptee	8·7	1·94	11·7	3·85
Sialkot	29 6	7·19	21·5	5·24	Aden	7·3	1·46	4·9	2·19
Rawalpindi... ...	29·2	5 92	29·2	7·74	Chakrata	6·7	1·68	36·8	6·08
Quetta	28·2	·80	33·0	7·60	Fort William ...	2·9	...	5·5	1·65
Mhow	27·0	7·37	30·9	7·52	Kurrachee	2·5	1·64	7·4	1·77
Agra	25·2	4·51	46·3	12·37	Colaba	2·3	·77	4·6	1·80
Secunderabad ...	23·2	4·90	23·2	5·52	Ahmednagar ...	2·0	1·00	38·2	8·27
Ranikhet	19·1	1·59	30·9	5·16					

D.—ENTERIC FEVER. THE DATES OF ADMISSION INTO HOSPITAL OF PATIENTS FROM CERTAIN BARRACKS AND CAMPS.

LUCKNOW.	
Serial number of the case.	Date of admission into hospital.
From Barrack No. 1.	
10	31st March 1904 ...
26	12th April 1904 ...
30	15th ,, ...
31	16th ,, ...
38	20th ,, ...
47	1st May 1904 ...
51	4th ,, ...
52	4th ,, ...
89	23rd August 1904
96	30th ,, ...
From Barrack No. 2.	
27	15th April 1904 ...
28	15th ,, ...
35	19th ,, ...
41	23rd ,, ...
43	27th ,, ...
46	30th ,, ...
53	4th May 1904 ...
54	5th ,, ...
56	7th ,, ...
62	17th ,, ...
66	26th ,, ...
75	9th June 1904 ...
80	4th August 1904...
92	27th ,, ...
108	8th October 1904 ..
111	19th ,, ...
From Barrack No. 3.	
22	10th April 1904 ...
29	15th ,, ...
33	19th ,, ...
40	21st ,, ...
106	3rd October 1904...
112	19th ,, ...
123	31st ,, ...
127	4th November 1904
128	5th ,, ...
From Barrack No. 4.	
6	22nd March 1904...
7	22nd ,, ...
15	3rd April 1904 ...
19	8th ,, ...
35	19th ,, ...
44	27th ,, ...
40	3rd May 1904 ...
57	9th ,, ...
63	21st ,, ...
69	1st June 1904 ...
81	7th August 1904...
91	24th ,, ...
98	3rd September 1904
99	4th ,, ...
100	4th ,, ...
101	9th ,, ...
104	29th ,, ..
113	20th October 1904
122	30th ,, ...

AMBALA.	
Serial number of the case.	Date of admission into hospital.
From the Camp.	
2	2nd January 1904 ..
3	3rd ,, ...
4	4th ,, ...
5	5th ,, ...
6	7th ,, ...
7	8th ,, ...
8	10th ,, ...
10	12th ,, ...
11	14th ,, ...
12	14th ,, ...
13	15th ,, ...
15	19th ,, ...
16	20th ,, ...
18	22nd ,, ...
19	22nd ,, ...
20	1st February 1904...
21	2nd ,, ...
22	11th ,, ...
24	13th ,, ...
25	14th ,, ...
27	16th ,, ...
28	18th ,, ...
29	23rd ,, ...
30	11th March 1904 ...
31	13th ,, ...
32	13th ,, ...
33	18th ,, ...
34	22nd ,, ...
66	27th October 1904...
70	9th November 1904
71	16th ,, ...
72	16th ,, ...
73	16th ,, ...
75	20th ,, ...
76	21st ,, ...
77	22nd ,, ...
78	23rd ,, ..
79	23rd ,, ...
80	23rd ,, ...
81	24th ,, ...
82	25th ,, ...
83	27th ,, ...
84	27th ,, ...
85	27th ,, ..
86	29th ,, ...
87	29th ,, ...
88	30th ,, ...
90	3rd December 1904 .
92	4th ,, ...
94	5th ,, ...
95	7th ,, ...
96	10th ,, ...
97	13th ,, ...
98	14th ,, ...
99	15th ,, ...
100	17th ,, ...
101	20th ,, ...
102	20th ,, ...
103	21st ,, ...
104	28th ,, ...
105	30th ,, ...

QUETTA.	
Serial number of the case.	Date of admission into hospital.
From Barrack No. 2.	
4	11th May 1904 ...
5	11th ,, ...
6	20th ,, ...
8	25th ,, ...
30	1st August 1904 ...
33	16th ,, ...
44	14th September 1904
46	18th ,, ...
47	19th ,, ...
48	26th ,, ...
From Barrack No. 5.	
2	6th May 1904 ...
7	23rd ,, ...
9	30th ,, ...
14	14th June 1904 ...
From Barrack No. 9.	
15	15th June 1904 ...
20	30th ,, ...
24	5th July 1904 ...
27	24th ,, ...
From Barrack No. 10.	
60	9th November 1904
62	15th ,, ...
67	27th ,, ...
68	29th ,, ...
From the Camp.	
21	2nd July 1904 ...
23	5th ,, ...
35	29th August 1904 ...
37	31st ,, ...
38	3rd September 1904
39	3rd ,, ...
40	7th ,, ...
41	9th ,, ...
44	14th ,, ...

POONA.	
Serial number of the case.	Date of admission into hospital.
From Barrack No. 1.	
26	17th August 1904 ...
45	28th ,, ...
56	4th September 1904
From Barrack No. 4.	
13	7th August 1904 ...
15	9th ,, ...
34	21st ,, ...
52	31st ,, ...
From Barrack No. 5.	
28	17th August 1904 ...
42	25th ,, ...
43	26th ,, ...
58	7th September 1904
63	14th ,, ...
From Barrack No. 12.	
51	31st August 1904 ...
57	5th September 1904
62	14th ,, ...
From Barrack No. 14.	
19	12th August 1904 ...
25	15th ,, ...
46	30th ,, ...
From Barrack No. 18.	
21	13th August 1904 ...
30	19th ,, ...
39	24th ,, ...
44	26th ,, ...
From Barrack No. 19.	
16	10th August 1904 ...
24	15th ,, ...
31	20th ,, ...
47	30th ,, ...
From Military Prison Cell No. 12.	
20	13th August 1904 ...
37	24th ,, ...

MEERUT.	
Serial number of the case.	Date of admission into hospital.
From Barrack No. 1.	
4	7th January 1904...
6	10th ,, ...
7	18th ,, ...
20	28th March 1904 ...
24	10th April 1904 ...
25	11th ,, ...
35	17th ,, ...
36	20th ,, ...
42	27th ,, ...
48	5th May 1904 ...
From Barrack No. 9.	
16	14th March 1904 ...
21	31st ,, ...
24	10th April 1904 ...
44	20th ,, ...
46	29th ,, ...
From Barrack No. 37.	
31	14th April 1904 ...
43	28th ,, ...

RAWALPINDI.	
Serial number of the case.	Date of admission into hospital.
From Barrack No. 3.	
20	14th May 1904.
23	27th ,,
27	4th June 1904,
30	10th ,,
35	16th ,,
37	19th ,,
52	11th October 1904.
54	25th ,,
From Barrack No. 4.	
70	3rd December 1904.
75	14th ,,
84	28th ,,
From Barrack No. 13.	
71	3rd December 1904.
82	21st ,,
83	29th ,,
From Barrack No. 15.	
64	29th November 1904.
73	6th December 1904.
76	15th ,,
77	15th ,,
78	15th ,,

Period.	E.—OFFICERS.				F.—WOMEN.				G.—CHILDREN.			
	Average annual strength.*	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.	Average annual strength.*	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.	Average annual strength.*	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.
891-1900 ...	2,026	858.9	†30·1	15·94	3,130	799 6	35·5	16·13	5,669	587·3	26·1	44·86
903	2,190	813.2	29·7	13·24	2,891	758·9	35 9	14·18	4,677	494·5	20 9	36·99
904	2,319	769·7	28·8	9·06	3,220	697·2	30·6	12·42	4,964	452·1	19 5	36·87

° The decennial ratios are, of course, worked on the total strength of the ten year period.

† For two years only.

Appendix to Section III.—Native Troops.

A.—COMMANDS AND DIVISIONS. 1904.	Average strength.	RATIO PER MILLE OF STRENGTH.											
		Admissions into hospital.	Constantly sick.	DEATHS FROM									Mortality including absent deaths.
				Cholera.	Small-pox.	Enteric fever.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.	All causes.	
Northern Command	40,293	609	23	·02	·07	·15	·84	·74	2·90	·17	·05	7·70	12·51
Western ,, ...	34,894	654	26	·32	...	·11	·52	·26	2 24	·26	·03	7·97	11·72
Eastern ,, ...	22,777	545	21	·31	...	·26	·53	·53	·97	·09	...	6·23	9·88
st (Peshawar) Division	8,870	561	19	...	...	·11	·79	·23	2·25	·11	·11	5·52	8·79
nd (Rawalpindi) ,, ...	7,811	664	26	...	...	·51	·77	1·15	1·54	·13	·13	7·17	11·39
rd (Lahore) ,, ...	9,076	458	25	...	·11	·11	·44	1·65	2·20	·22	...	7·16	13·77
th (Quetta) ,, ...	7,256	769	28	...	...	·28	·96	·41	2·89	·55	...	7·72	12·40
th (Mhow) ,, ...	14,358	668	26	...	...	·14	·49	·21	2·16	...	...	6·83	11·14
th (Poona) ,, ...	9,377	608	23	·85	...	...	·43	·11	1·92	·21	·11	9·49	13·01
th (Meerut) ,, ...	9,447	507	22	·64	...	·42	·64	·95	·95	·11	...	7·94	11·86
th (Lucknow) ,, ...	11,498	598	24	·09	...	·17	·52	·26	1·04	·09	...	5·31	9·13
th (Secunderabad) ,, ...	14,290	437	19	·07	...	...	·28	...	1·26	·21	...	6·79	8·05
Burma ,, ...	6,401	564	23	...	...	...	·78	·62	·78	·16	·16	6·89	10·47
Kohat, Derajat and Bannu Brigades	9,800	891	29	·10	·20	...	1·73	·41	6 02	·31	...	12·65	20·31
Aden Brigade	959	1,341	90	2·09	...	...	...	1·04	5·21	3·13	...	25·03	27·11
INDIA	124,055	603	24	·18	·02	·13	·71	·51	2·32	·27	·04	8·46	12·08

B.—GROUPS.	Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.											
			Admissions.	Constantly sick.	ADMISSIONS FROM									
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	Venereal diseases.
Group I.—Burma Coast and Bay Islands.	1891-1900	1,891	794	37	2·7	·1	·2	...	195·2	6·6	4·3	5·0	66·4	55·5
	1903	1,254	806	24	1·6	...	·8	...	354·9	4·0	5·6	2·4	63·8	47·0
	1904	1,334	711	22	11·2	...	...	...	239.9	2·2	18·7	1·5	60·0	25·5
,, II.—Burma Inland ...	1891-1900	6,083	1,165	50	2·9	1·7	·1	·1	576.6	10·2	7·2	4·7	71·5	47·8
	1903	4,133	771	27	...	1·0	...	·2	383·3	7·7	5·3	2·9	32·4	22·0
	1904	3,800	555	23	...	·3	...	...	190·5	5·0	·5	3·4	31·1	17·6
,, III.—Assam	1891-1900	2,003	1,209	51	9·2	3·0	·4	3·8	512·1	16·5	6·6	9·4	100·0	71·2
	1903	1,340	827	33	1·5	...	...	5·2	301·5	18·7	·7	8·2	85·1	31·3
	1904	799	687	32	...	...	...	2·5	235·3	20·0	...	13·8	65·1	45.1
,, IV.—Bengal and Orissa ...	1891-1900	2,935	1,120	44	4·7	·4	·5	·2	511·2	15·0	6·7	5·9	86·1	35·6
	1903	2,474	759	26	...	...	·8	...	337·9	6·9	·4	6·5	59·4	36·0
	1904	2,472	788	25	29·1	·4	...	·8	325 2	4·4	...	6·0	60·7	21·8
,, V.—Gangetic Plain and Chutia Nagpur.	1891-1900	6,463	668	28	7·8	1·6	·3	·3	215·4	12·5	2·8	7·6	42·3	33·7
	1903	6,857	490	21	1·3	1·9	1·8	·3	112·4	3·6	...	6·3	36·8	16·8
	1904	6,956	526	21	...	...	·1	·3	149·8	6 0	11·2	3·7	30·3	23·1
,, VI.—Upper Sub-Himalaya ...	1891-1900	15,166	732	29	2·9	1·0	·6	·2	280·8	17·9	3·1	15·0	29·8	33.7
	1903	15,987	575	21	2·1	2·4	·9	1·1	219·6	12.3	2·6	15·1	25·3	17·1
	1904	15,661	509	20	1·3	...	1·1	·9	160·6	4·4	·5	10·5	24·6	16 3
,, VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1891-1900	15,459	1,102	36	8·9	2·3	·6	·2	507·5	22·2	10·3	29·4	56·5	22·5
	1903	17,283	788	28	·2	·5	·8	·4	328·9	12·3	1·0	22·6	42·7	17 8
	1904	18,157	736	26	·5	·1	·4	·7	254·4	13·3	1·0	19·1	42·8	13·5
,, VIII.—South-Eastern Rajputana, Central India and Guja-rat.	1891-1900	12,679	814	27	6·0	1·6	·7	·1	337·5	11·3	12·3	13·1	29·9	41·5
	1903	12,202	829	29	1·5	...	·7	·5	378·1	7·2	5·5	19 8	23·5	33·3
	1904	12,529	678	26	...	...	·2	·10	218·5	2·5	5·3	14·8	16·5	19·5
,, IX.—Deccan	1891-1900	19,504	736	27	7·0	1·9	1·3	·1	292·6	11·2	11·6	9·3	31·3	43·0
	1903	16.596	576	21	4-4	...	·2	·1	174·3	5·9	1·8	6·6	26·9	34·1
	1904	16,162	503	19	...	·7	·5	·2	110·4	4·0	11·6	7·1	26·0	27·2
,, X.—Western Coast	1891-1900	3.055	714	29	2·2	·3	·5	·4	159·9	14·9	26·8	6·7	60·5	53·3
	1903	2,047	701	33	...	...	5·4	...	209·6	2·0	...	8·3	41·0	46·4
	1904	1,950	674	31	...	...	4·6	...	209·2	5·1	11·8	9·8	29·2	53·3
,, XI.—Southern India	1891-1900	8,244	565	29	3·5	2·5	·6	·1	132·0	3·6	21·7	7·9	20·1	43·2
	1903	7,170	591	28	...	·3	·1	·1	113·9	2·0	30·5	12·8	29·4	40·0
	1904	6,786	537	25	4·4	·3	·1	...	102·0	·9	9·4	7·1	21 7	36·3
,, XII.—Hill Stations	1891-1900	17,027	1,075	40	21·3	1·0	·3	·6	470·0	24·6	8·4	20·5	53·3	49·6
	1903	21,676	760	34	14·1	·7	·4	1 6	272·1	10·1	·4	20·7	41·8	25·1
	1904	20,366	657	28	2·5	·3	·3	·9	225·4	11·1	12·4	15·6	26·3	21·2
INDIA	1891-1900	127,668	852	32	8·1	1·8	·5	·3	348·8	15·2	9·1	14·4	48·8	37·2
	1903	124,660	662	25	3·6	1·1	·6	·6	247·4	8·6	3·5	14·4	36 6	24·5
	1904	124,055	603	24	1·8	·2	·5	·6	194·1	7·2	6·7	11.7	31·5	[illegible]

† The decennial ratios are, of course, worked on the total strength of the ten year period.

1.—ACTUALS. 2.—RATIOS.

	C. Plains and Hills.	Average annual strength.	Intermittent Fever.		Remittent Fever.		Tubercle of the lungs.		Pneumonia.		Other respiratory diseases.		Dysentery and Diarrhœa.		Scurvy.		Anæmia and Debility.		All Causes.		Average number constantly sick.
			A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	
1900.	Plains in Indian Command ...	100,666	32,262 320·5	72 ·72	1,266 12·6	129 1·28	304 3·0	51 ·51	1,359 13·5	333 3·31	2,239 23·2	50 ·50	5,906 58·7	92 ·91	330 3·3	14 ·14	1,457 14·5	16 ·16	77,607 770·9	1,398 13·89	2,917 29·0
	Hills ,, ,, ,, ...	19,885	6,166 310·1	15 ·75	439 22·1	35 1·76	152 7·6	44 2·21	431 21·7	76 3.82	639 32·1	22 1·11	1,492 75·0	19 ·95	68 3·4	... ...	275 13·8	8 ·40	16,627 836·2	305 15·39	683 34·3
	Hills above 5,000 feet sea-level ...	8,657	1,841 212·7	6 ·69	151 17·4	13 1·50	40 4·6	14 1·62	191 22·1	35 4·04	245 28·3	4 ·46	485 56·0	4 ·46	21 2·4	... ...	109 12·6	... ...	5,978 690·5	95 10·97	268 31·0
	Hills below 5,000 feet sea-level	11,128	4,325 388·7	9 ·81	288 25·9	22 1·98	112 10·1	30 2·70	240 21·6	41 3·68	394 35·4	18 1·62	1,007 90·5	15 1·35	47 4·2	... ...	166 14·9	8 ·72	10,649 957·0	211 18·96	415 37·3
1901.	Plains	98,569	34,331 348·3	98 ·99	1,044 10·6	89 ·89	355 3·6	57 ·58	1,156 12·7	229 2·32	3,038 30·8	45 .46	4,895 50·0	46 ·47	255 2·6	4 ·04	1,460 14·8	·9 ·09	78,956 801·0	957 9·71	2,841 28·8
	Hills	20,936	8,192 391·3	14 ·67	694 33·1	61 2·91	155 7·4	46 2·20	390 18·6	101 4·82	897 42·8	11 ·53	1,248 59·6	10 ·47	136 6·5	4 ·19	394 18·8	7 ·33	19,786 945·1	318 15·19	724 34·6
	Hills above 5,000 feet sea-level ...	9,906	2,359 261·9	6 ·67	104 11·5	11 1·22	53 5·9	16 1·78	137 15·2	23 2·55	240 26·6	1 ·11	328 36·4	3 ·33	23 2·6	... ...	129 14·3	2 ·22	6,572 729·7	81 8·99	270 30·0
	Hills below 5,000 feet sea-level ...	11,930	5,833 488·9	8 ·67	590 49·5	50 4·19	102 8·5	30 2·51	253 21·2	78 6·54	657 55·1	10 ·84	920 77·1	7 ·59	113 9·5	4 ·34	265 22·2	5 ·42	13,214 1107·6	237 19·87	454 38·1
1902.	Plains	99,841	26,587 266·3	90 1·90	1,091 10·9	119 1·19	333 3·3	53 ·53	1,456 14·6	351 3·52	2,401 24·0	30 -30	5,150 51·6	57 ·57	220 2·2	2 ·02	1,272 12·7	14 -14	69,816 699·3	1,079 10·81	2,523 25·3
	Hills	20,950	6,887 328·7	18 -86	388 18·5	23 1·10	196 9·4	46 2·20	429 20·5	107 5·11	576 27·5	12 ·57	1,485 70·9	12 ·57	82 3·9	... ...	461 22·0	7 ·33	17,218 821·9	287 13·70	681 32·5
	Hills above 5,000 feet sea-level ...	8,553	1,445 165·4	7 ·82	167 19·5	14 1·64	50 5·8	16 1·87	125 14·6	18 2·10	191 22·3	4 ·47	430 50·3	7 ·82	27 3·2	... ...	110 12·9	2 ·23	5,183 606·0	91 10·64	240 28·1
	Hills below 5,000 feet sea-level ...	12,397	5,472 441·4	11 ·89	221 17·8	9 ·73	146 11·8	30 2·42	304 24·5	89 7·18	385 31·1	8 ·65	1,055 85·1	5 ·40	55 4·4	... ...	351 28·3	5 ·40	12,035 970·8	196 15·86	441 35·6
1903.	Plains	100,869	24,204 240·0	60 ·59	854 8·5	94 ·93	369 3·7	46 ·46	1,340 13·3	277 2·75	2,122 21·0	22 ·22	4,225 41·9	38 ·38	179 1·8	8 ·08	1,424 10·1	8 ·08	64,660 641·0	944 9·36	2,349 2·33
	Hills	21,676	5,898 272·1	16 ·74	219 10·1	16 ·74	350 16·1	35 1·61	448 20·7	202 4·71	611 28·2	4 ·18	1,156 53·3	11 ·51	120 5·5	11 ·51	328 15·1	5 ·23	16.466 759·6	238 13·06	733 33·8
	Hills above 5,000 feet sea-level ...	9,900	1,455 147·0	4 ·40	105 10·6	3 ·30	50 5·1	18 1·82	137 13·8	16 1·62	213 21·5	1 ·10	357 36·1	4 ·40	20 2·0	... ...	99 10·0	1 ·10	5,673 573·0	82 8·28	255 25·8
	Hills below 5,000 feet sea-level ...	11,776	4,443 377·3	12 1·02	114 9·7	13 1·10	300 25·5	17 1·44	311 26·4	86 7·30	398 33·8	3 ·25	799 67·8	7 ·59	100 8·5	11 ·93	229 19·4	4 ·34	10,793 916·5	201 17·7	478 40·6
1904.	Plains	98.289	17,182 174·8	32 ·33	605 6·2	53 ·54	340 3·5	25 ·25	1,048 10·7	190 1·93	1,924 19·6	23 ·23	3,476 35·4	20 ·20	324 3·3	1 ·01	1,283 13·1	12 ·12	56,276 572·6	692 ·70	2,151 21·9
	Hills	20,366	4,590 225·4	10 ·49	226 11·1	20 ·98	125 6·1	30 1·47	318 15·6	50 2·46	426 20·9	4 ·20	702 34·5	8 ·39	83 4·1	1 ·05	252 12·4	... ...	13,377 656·8	180 8·84	576 28·3
	Hills above 5,000 feet sea-level ...	8,576	1,438 157·7	7 ·82	85 9·9	7 ·82	45 5·7	12 1·40	103 12·0	13 1·52	165 19·2	3 ·35	269 31·4	1 ·12	35 4·1	1 ·12	81 9·4	... ...	5,055 589·4	72 8·40	227 26·5
	Hills below 5,000 feet sea-level ...	11,790	3,152 267·3	3 ·25	141 9·7	13 12·0	76 6·4	18 1·53	215 18·2	37 3·14	261 22·1	1 ·08	433 36·7	7 ·59	48 4·1	... ...	171 14·5	... ...	8,322 705·9	108 9·16	349 29·6

D—ENTERIC FEVER.	1891-1900.		1904.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops	24·2	6·46	19·6	3·76
Native troops	·3	·09	·6	·13
Gurkhas only	1·4	·38	1·3	·33
Prisoners	·3	·12	·5	·13

—	E.—TUBERCLE OF THE LUNGS. 1904.		F.—VENEREAL. 1904.
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.
Northern and Eastern Commands	5·3	·67	16·6
Gurkha Regiments	10·6	2·66	34·7

—	G.—INFLUENZA.				H.—PNEUMONIA.			
	1891-1900.		1904.		1891-1900.		1904.	
	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.	Admission-rate per 1,000.	Death-rate per 1,000.
European troops	6·8	·03	4·9	...	3·8	·60	3·4	·52
Native troops	8·1	·12	1·8	·02	14·4	3·24	11·7	2·32
Prisoners	23·8	·38	4·1	·17	16·2	4·27	10·3	2·80

A.—Administrations.	Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH*.										
			Admissions.	Constantly sick.	Deaths from								
					Cholera.	Small-pox.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhœa.	Anæmia and debility.	All causes.
Burma	1896-1900	13,127	626	30	2·00	·14	·44	3·84	2·04	·43	4·27	·90	·46	20·54
	1903	11,187	474	21	·63	...	·27	3·22	2·15	·36	3·22	·89	·54	17·07
	1904	11,704	387	20	1·71	...	·26	2·99	·68	·43	2·82	1·62	·43	18·63
Assam	1896-1900	1,284	961	49	4·67	...	2·65	1·40	2·65	1·71	8·88	4·05	3·58	44·24
	1903	1,134	737	34	2·65	...	...	1·76	·88	...	13·23	2·65	4·41	31·75
	1904	1,270	639	35	·79	...	...	3·15	3·94	...	11·02	·79	4·72	29·13
Bengal	1896-1900	18,121	1,067	37	2·40	·03	·96	3·77	3·60	·91	7·76	1·57	·96	30·11
	1903	18,419	1,046	40	1·09	·05	·27	4·40	3·31	·43	5·05	1·36	·43	23·62
	1904	18,907	932	36	·26	·05	·42	3·54	2·59	·32	4·87	1·32	·37	19·89
United Provinces of Agra and Oudh	1896-1900	32,128	883	45	·47	·07	·47	2·71	4·86	1·00	6·09	2·04	2·66	27·86
	1903	23,141	701	34	·56	·09	·04	2·59	2·46	·65	2·85	·48	·13	15·56
	1904	23,902	612	28	...	·04	...	2·30	2·64	·96	2·34	·79	·17	14·56
Punjab	1895-1900	12,081	1,253	33	·22	·10	·55	2·83	4·87	·74	3·24	·96	·36	19·83
	1902	12,163	938	30	·25	·16	·41	3·12	4·69	1·23	2·22	·41	·25	19·16
	1904	11,740	907	31	...	...	...	3·41	5·45	·43	2·56	·85	·43	19·76
North-West Frontier Province	1896-1900	1,178	1,225	41	...	...	1·87	·63	4·24	1·02	2·21	1·87	...	19·35
	1903	1,287	1,087	33	...	...	...	...	3·89	...	1·55	·78	1·55	15·54
	1904	1,297	1,102	32	...	...	...	·77	3·86	·77	3·08	...	...	14·65
Bombay	1896-1900	8,759	773	29	3·27	·09	2·44	2·74	6·12	1·35	3·27	3·04	1·46	33·72
	1903	7,800	515	24	...	·13	·38	3·20	8·40	1·67	1·92	1·03	·38	26·41
	1904	7,804	600	25	·26	·26	·38	3·72	4·87	1·03	1·15	1·15	·26	19·22
Central Provinces (*a*)	1896-1900	7,142	975	39	3·19	·20	1·04	3·58	5·29	2·10	25·65	8·32	4·68	66·18
	1903	4,075	816	27	...	...	...	2·45	1·47	1·23	2·94	·98	1·47	18·16
	1904	3,843	588	20	·26	...	...	2·86	1·30	1·04	1·30	·52	...	12·49
Madras	1896-1900	8,870	646	27	5·30	·11	·14	3·56	2·37	·54	4·10	·05	·34	28·30
	1903	8,853	426	20	1·24	...	·23	3·16	2·82	·34	1·92	·11	·34	19·20
	1904	9,320	439	20	·21	...	·11	3·97	1·39	·75	2·04	·21	·43	16·52
INDIA†	1896-1900	103,318	905	37	1·86	·09	·80	3·13	4·19	·94	6·72	2·03	1·63	29·72
	1903	88,680	744	30	·64	·07	·21	3·17	3·41	·71	3·19	·77	·44	19·50
	1904	90,353	676	28	·34	·04	·17	3·09	2·79	·65	2·91	·97	·41	17·61
Andamans	1896-1900	10,975	1,689	51	...	...	3·17	5·50	2·48	1·02	10·04	2·26	2·00	32·31
	1903	13,037	1,880	67	...	...	1·38	8·51	5·06	1·23	7·44	2·07	...	34·21
	1904	13,972	1,909	64	...	...	2·08	7·23	2·86	1·50	7·94	1·50	...	34·78

* Excluding subsidiary Jails. † Including Ajmer, Quetta, Mercara and Secunderabad and excluding Andamans. (*a*) Including Berar.

B.—Groups.	Year.	Average strength. ‡	RATIO PER MILLE OF STRENGTH*.										
			Admissions.	Constantly sick.	Admissions from								
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.
Group I.—Burma Coast and Bay Islands	1896-1900	19,571	1,257	44	9·6	1·5	·2	·1	551·2	12·5	27·0	5·8	97·7
	1903	20,651	1,361	50	7·2	·7	...	·2	740·9	3·8	7·7	11·0	97·1
	1904	21,873	1,342	47	3·5	·4	...	...	763·2	5·7	13·6	5·8	111·3
„ II.—Burma Inland	1896-1900	4,530	479	23	3·9	2·8	·4	·3	127·0	7·4	6·0	9·0	62·6
	1903	3,573	481	21	7·3	·3	...	1·1	116·7	4·2	5·0	10·4	76·7
	1904	3,803	484	26	...	6·8	·3	...	81·0	2·4	1·8	2·6	104·1
„ III.—Assam	1896-1900	1,432	933	49	4·0	7·2	...	...	327·8	11·4	1·1	8·2	187·8
	1903	1,098	751	35	30·1	3·6	5·5	...	201·3	2·7	...	5·5	264·1
	1904	1,219	648	35	...	·8	...	·8	154·2	9·8	6·6	8·2	218·2
„ IV.—Bengal and Orissa	1896-1900	11,200	1,092	39	38·8	2·5	·1	·1	240·7	11·0	92·0	18·6	278·7
	1903	11,716	976	40	20·8	2·3	·2	·3	257·0	2·6	7·0	11·6	235·0
	1904	12,016	909	36	12·3	·1	·1	·5	252·1	1·5	·2	10·0	257·1
„ V.—Gangetic Plain and Chutia Nagpur	1896-1900	28,575	914	43	28·1	2·6	1·3	·2	282·1	8·7	13·4	15·4	90·5
	1903	21,389	793	33	2·8	·2	·9	·3	397·0	1·4	1·5	11·6	76·1
	1904	21,973	708	29	·3	·2	·7	·3	272·0	1·0	6·4	7·8	84·9
„ VI.—Upper Sub-Himalaya	1896-1900	14,581	1,145	36	31·6	·6	·5	·1	511·9	4·8	6·5	25·9	76·8
	1903	12,434	917	30	10·6	·2	·8	·5	405·1	1·0	4·0	18·7	60·6
	1904	12,139	816	28	7·5	...	...	1·5	334·6	·1	3·1	16·9	50·9
„ VII.—North-Western Frontier, Indus Valley and North-Western Rajputana.	1896-1900	7,288	974	31	8·3	...	1·0	·2	403·1	7·2	1·2	26·9	55·3
	1903	8,103	776	30	5·6	1·2	2·0	·1	305·9	1·1	·4	28·5	36·5
	1904	8,365	787	32	9·2	...	·1	·1	260·1	1·4	1·0	22·5	46·9
„ VIII.—South-Eastern Rajputana, Central India, and Gujarat.	1896-1900	5,208	748	40	12·1	·5	1·2	...	254·9	1·6	1·1	31·6	65·1
	1903	4,261	784	40	1·4	2·8	·2	...	304·4	·2	...	17·1	45·8
	1904	4,171	626	32	...	...	·2	...	226·1	1·2	·5	21·3	25·4
„ IX.—Deccan	1896-1900	10,770	968	38	13·0	4·9	1·2	·4	288·4	4·3	5·7	14·9	99·1
	1903	7,440	670	26	38·0	...	·1	·1	208·7	1·5	5·5	11·2	41·5
	1904	7,287	618	23	·1	·4	·5	·1	161·7	·4	8·2	7·3	44·2
„ X.—Western Coast	1896-1900	2,607	677	30	1·8	13·8	1·5	1·8	139·4	33·9	18·7	7·7	75·8
	1903	2,597	553	26	...	...	1·5	3·1	160·2	3·5	·8	10·4	30·0
	1904	2,506	584	24	...	...	·4	8·0	183·6	2·4	9·6	8·4	34·3
„ XI.—Southern India	1896-1900	7,948	657	27	5·7	14·1	·5	·5	111·4	·8	65·3	8·3	64·2
	1903	7,865	439	20	...	2·7	...	·8	89·0	1·3	18·3	9·5	49·7
	1904	8,337	450	20	3·0	·5	...	·1	90·1	·1	15·1	7·1	47·4
„ XII.—Hills	1896-1900	642	1,015	31	11·5	4·7	5·3	·6	305·2	8·1	49·9	21·2	100·4
	1903	559	936	27	...	...	5·4	7·2	334·5	3·6	16·1	16·1	100·2
	1904	582	741	27	...	...	...	1·7	247·4	3·4	34·4	27·5	77·3
INDIA†	1896-1900	114,203	981	38	19·5	3·2	·8	·2	339·8	8·2	24·0	15·9	103·6
	1903	101,717	889	35	9·6	1·0	·6	·4	363·6	2·1	5·3	13·6	88·8
	1904	104,325	841	32	4·1	·5	·2	·5	344·3	2·1	7·0	10·3	96·0

* Excluding subsidiary Jails. † Including Aden and Andamans. ‡ The quinquennial ratios are, of course, worked on the total strength of the lustrum.

C.—Causes of admission.	* Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Influenza	1900	79	140	147	98	84	78	282	192	56	45	66	83	1,350
	1901	56	137	383	1,247	677	145	44	45	35	51	45	60	2,925
	1902	58	62	129	113	188	115	30	90	39	28	10	24	886
	1903	70	45	30	261	109	42	15	94	61	55	32	20	834
	1904	14	9	5	32	51	41	38	32	28	47	40	33	370
Total ...	1900-1904	277	393	694	1,751	1,109	421	409	453	219	226	193	220	6,365
Cholera	1900	8	8	16	24	68	62	138	113	43	4	18	3	505
	1901	46	...	2	2	17	6	43	38	35	5	3	14	211
	1902	1	...	3	2	1	2	2	3	14	...	6	2	36
	1903	1	...	2	14	10	13	7	25	16	3	2	4	97
	1904	2	3	5	3	7	20	1	...	1	2	...	3	47
Total ...	1900-1904	58	11	28	45	103	103	191	179	109	14	29	25	896
Enteric Fever	1900	1	...	2	1	...	4	7	3	6	5	5	...	34
	1901	3	...	4	5	7	5	6	4	4	2	1	...	41
	1902	3	1	7	6	4	7	11	10	11	8	...	1	69
	1903	4	1	8	2	3	6	7	4	4	1	2	3	45
	1904	13	3	2	8	3	2	3	5	6	3	5	2	55
Total ...	1900-1904	24	5	23	22	17	24	34	26	31	19	13	6	244
Intermittent Fever	1900	1,259	1,221	1,437	1,647	1,708	1,611	1,988	2,574	3,597	5,331	4,309	3,393	30,075
	1901	2,563	1,794	2,353	2,512	2,619	2,451	2,130	2,840	3,646	4,000	3,525	2,503	32,936
	1902	1,818	1,545	1,696	1,794	1,782	1,631	2,194	3,009	3,437	3,793	3,413	2,365	28,477
	1903	1,220	1,085	1,584	2,124	1,787	1,439	1,566	1,759	2,231	3,412	2,578	1,830	22,615
	1904	1,253	1,089	1,154	1,329	1,393	1,293	1,411	1,999	2,553	2,565	2,025	1,461	19,525
Total ...	1900-1904	8,113	6,734	8,224	9,406	9,289	8,425	9,289	12,181	15,464	19,101	15,850	11,552	133,628
Remittent Fever	1900	34	31	44	42	58	48	58	109	35	35	32	10	536
	1901	9	14	20	22	31	24	25	17	33	43	38	19	295
	1902	15	21	16	16	23	26	25	80	66	23	21	14	346
	1903	15	2	14	12	21	24	15	11	4	13	7	5	143
	1904	4	10	6	13	10	8	14	13	5	10	6	3	102
Total ...	1900-1904	77	78	100	105	143	130	137	230	143	124	104	51	1,422
Simple continued Fever	1900	147	115	145	217	342	200	300	435	445	324	228	187	3,085
	1901	167	130	184	114	146	162	100	56	53	54	72	41	1,279
	1902	38	44	39	41	58	34	31	10	31	44	37	24	440
	1903	16	17	21	23	52	29	76	68	72	62	63	41	540
	1904	51	48	32	36	57	66	58	50	99	87	68	83	735
Total ...	1900-1904	419	354	421	431	655	491	565	628	700	571	468	376	6,079
Pneumonia	1900	215	195	214	130	121	107	107	85	87	94	132	167	1,654
	1901	155	131	162	120	129	72	71	69	76	125	138	253	1,501
	1902	206	163	171	87	102	95	67	68	57	74	126	123	1,339
	1903	161	118	130	100	81	74	72	56	60	71	117	166	1,206
	1904	147	131	89	60	65	69	38	62	46	73	88	97	965
Total ...	1900-1904	884	738	766	497	498	417	355	340	326	437	601	806	6,665
Dysentery	1900	564	525	848	794	931	874	1,371	1,860	1,513	1,242	1,294	1,084	12,900
	1901	702	526	610	668	785	742	1,084	1,432	1,260	1,074	932	851	10,666
	1902	607	483	638	616	557	602	842	1,068	1,065	887	904	682	8,951
	1903	353	262	439	508	493	587	740	943	870	749	709	639	7,292
	1904	508	382	580	561	515	675	868	952	748	706	669	583	7,747
Total ...	1900-1904	2,734	3,178	3,115	3,147	3,281	3,480	4,905	6,255	5,456	4,658	4,508	3,839	47,556

* Excluding Andamans.

D.—Sickness and mortality from principal diseases. Years.	Average annual strength.‡	INFLUENZA.				CHOLERA.				SMALL-POX.				ENTERIC FEVER.				AGUE.				REMITTENT FEVER.				SIMPLE CONTINUED FEVER.				TUBERCLE OF THE LUNGS.				PNEUMONIA.			
		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.	
		Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.
1895 ...	95,078	2,158	16	22·5	·17	132	85	1·4	·88	15	3	·2	·03	38	14	·4	·15	30,748	99	320·0	1·03	1,171	74	12·2	·77	2,089	8	21·7	·08	556	242	5·8	2·52	1,735	419	18·1	4·36
1896 ...	99,570	4,141	66	41·6	·66	253	140	2·5	1·41	116	11	1·2	·11	21	7	·2	·07	24,828	112	249·4	1·12	1,305	95	13·1	·95	2,551	4	25·6	·04	729	298	7·3	2·99	2,069	460	20·8	4·62
1897 ...	107,517	987	25	9·2	·23	959	465	8·9	4·32	124	14	1·2	·13	34	15	·3	·14	34,794	124	323·6	1·15	909	97	8·5	·90	2,675	4	24·9	·04	762	301	7·1	2·80	1,805	481	16·8	4·47
1898 ...	100,454	2,343	37	23·3	·37	23	14	·2	·14	64	2	·6	·02	20	9	·2	·09	30,691	105	305·5	1·05	545	78	5·4	·78	2,401	3	23·9	·03	791	300	7·9	2·99	1,729	425	17·2	4·23
1899 ...	98,723	1,622	20	16·4	·20	101	62	1·0	·63	22	5	·2	·05	21	12	·2	·12	24,242	79	245·6	·80	497	54	5·0	·55	2,257	4	22·9	·04	770	305	7·8	3·09	1,518	338	15·4	3·42
1900 ...	110,231	1,359	34	12·2	·31	505	278	4·6	2·52	116	14	1·1	·13	34	17	·3	·15	30,073	111	272·8	1·01	536	91	4·9	·83	3,085	1	28·0	·01	973	415	8·8	3·76	1,654	459	15·0	4·16
1901 ...	105,020	2,925	13	27·9	·12	211	106	2·0	1·01	63	10	·6	·10	41	20	·4	·19	32,936	98	313·6	·93	295	41	2·8	·39	1,279	2	12·2	·02	898	372	8·6	3·54	1,501	373	14·3	3·55
1902 ...	101,427	886	16	8·7	·16	36	24	·4	·24	47	6	·5	·06	69	15	·7	·15	28,477	114	280·8	1·12	346	40	3·4	·39	440	1	4·3	·01	918	362	9·1	3·57	1,339	330	13·2	3·25
1903 ...	83,680	834	13	9·4	·15	97	57	1·1	·64	62	6	·7	·07	45	25	·5	·28	22,615	78	255·0	·88	143	19	1·6	·21	540	1	6·1	·01	769	281	8·7	3·17	1,206	302	13·6	3·41
1904 ...	90,353	370	17	4·1	·19	47	31	·5	·34	25	4	·3	·04	55	14	·6	·15	19,525	60	216·1	·66	102	15	1·1	·17	735	...	8·1	...	763	279	8·4	3·09	965	252	10·7	2·79

Years.	OTHER RESPIRATORY DISEASES.				DYSENTERY.				DIARRHŒA.				ANÆMIA AND DEBILITY.			
	Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.	
	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.
1895 ...	3,659	109	38·1	1·13	10,042	676	104·5	7·04	6,904	200	71·9	2·08	3,212	122	33·4	1·27
1896 ...	3,442	98	34·6	·98	9,315	537	93·6	5·90	6,580	203	66·1	2·04	2,960	142	29·7	1·43
1897 ...	2,793	107	26·0	1·00	12,518	1,208	116·4	11·24	7,152	362	66·5	3·37	4,244	266	39·5	2·47
1898 ...	3,394	95	33·8	·95	9,229	537	91·9	5·35	5.336	148	53·1	1·47	2,397	215	23·9	2·14
1899 ...	2,960	91	30·0	·92	8,938	426	90·5	4·32	5,094	113	51·6	1·14	1,440	71	14·6	·72
1900 ...	3,188	93	28·9	·84	12,900	715	117·0	6·49	6,392	249	58·0	2·26	2,137	151	19·4	1·37
1901 ...	3,256	97	31·0	·92	10,666	540	101·6	5·14	5,926	132	49·8	1·26	1,657	82	15·8	·78
1902 ...	2,773	74	27·3	·73	8,951	407	88·3	4·01	4,862	141	47·9	1·39	1,389	60	13·7	·59
1903 ...	2,423	63	27·3	·71	7,292	283	82·2	3·19	3,714	68	41·9	·77	1,058	39	11·9	·44
1904 ...	2,264	59	25·1	·65	7,747	263	85·7	2·91	3,774	88	41·8	·97	1,116	37	12·4	·41

‡ Excluding Andamans.

E Causes of death. 1904.	Died per 1,000 of average strength.			Relative liability in percentages.			Percentages in deaths from all causes.		
	European troops.	Native troops.	Prisoners.‡	European troops.	Native troops.	Prisoners.	European troops.	Native troops.	Prisoners.‡
Cholera	·15	·18	·34	22	27	51	1·4	2·0	1·9
Fevers*	4·10	1·28	·98	64	20	15	37·8	15·1	5·6
Bowel-complaints ...	·42	·32	3·88	9	7	84	3·9	3·7	22·1
Anæmia and debility ...	·01	·15	·41	2	26	72	·1	1·7	2·3
Respiratory diseases ...	·62	2·57	3·44	9	39	52	5·7	30·4	19·5
Tubercle of the lungs...	·38	·51	3·09	10	13	78	3·5	6·0	17·5
All other causes ...	5·15	3·45	5·47	37	24	39	47·6	41·1	31·0
All causes	10·83	8·46	17·61	29	23	48	100·0	100·0	100·0

* Enteric, intermittent, remittent, and simple continued fevers.

‡ Excluding Andamans.

STATEMENT No. I,—*Birth and Death Statistics.*

Province.	Year.	BIRTHS.			NUMBER OF DEATHS.			RATIO OF DEATHS PER 1,000 OF POPULATION.			HIGHEST DEATH-RATE.		LOWEST DEATH-RATE.		MEAN DEATH-RATE DURING PREVIOUS FIVE YEARS.			Number of deaths of males to every 100 deaths of females.
		Total number.	Ratio per 1,000 of population.	Mean ratio per 1,000 of population during previous five years.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	Total.	
Bengal ...	1903	2,903,191	39·00	38·17	136,018	2,345,131	2,481,149	36·39	33·17	33·33	78·23	48·24	4·96	19·18	33·73	30·77	30·92	108
	1904	3,170,440	42·59	39·13	130,062	2,285,361	2,415,423	34·82	32·32	32·45	90·70	48·79	7·81	17·57	35·94	32·33	32·51	108
Assam ...	1903	187,669	35·57	32·90	2,821	137,248	140,069	26·17	26·56	26·55	38·57	38·22	16·09	18·06	33·57	30·09	30·16	107·64
	1904	187,539	35·55	34·44	2,782	133,610	136,392	25·80	25·85	25·85	37·98	33·15	10·48	17·61	31·38	28·75	28·66	107·01
United Provinces of Agra and Oudh.	1903	2,200,031	46·13	42·60	186,008	1,734,895	1,920,903	54·86	39·16	40·28	89·47	56·14	23·38	30·85	40·81*	30·16	30·91	105·98
	1904	2,225,757	46·67	44·35	165,855	1,489,094	1,654,949	49·10	33·60	34·70	149·03	46·66	23·34	19·91	45·11	32·59	33·50	99·43
Punjab ...	1903	862,862	42·9	40·7	106,539	878,937	985,476	52·89	48·58	49·0	132·35	97·89	10·47	17·90	39·70	36·35	36·72	97·6
	1904	834,049	41·5	41·4	94,152	892,306	986,458	46·74	49·31	49·06	145·42	100·50	16·63	13·61	44·26	40·27	40·67	94·9
North-West Frontier Province.	1903	62,866	31·6	31·3	5,392	51,147	56,539	32·83	28·0	28·40	51·72	35·89	15·02	22·55	27·27	23·13	23·31	108·3
	1904	69,544	34·9	31·9	4,760	52,099	56,859	28·98	28·58	28·56	44·64	29·42	13·55	26·08	28·16	23·89	24·21	107·7
Central Provinces and Berar.	1903	563,548	45·11	37·18	79,106	364,591	443,697	64·59	32·36	35·52	166·04	54·22	11·50	19·87	†	†	33·30	107·44
	1904	664,474	53·19	41·95	55,183	345,327	400,510	45·06	30·65	32·06	124·53	44·92	10·15	22·39	†	†	37·43	107·40
Madras Presidency.	1903	1,165,080	31·2	28·8	112,887	713,776	826,663	27·3	21·5	22·2	87·6	41·1	1·2	22·6	30·5	20·4	21·2	102·9
	1904	1,125,751	30·7	29·5	119,539	704,739	824,278	28·1	21·7	22·5	71·2	38·3	3·1	13·5	30·0	20·6	21·4	103·8
Coorg ...	1903	4,787	26·51	21·54	744	4,932	5,676	48·79	29·83	31·43	83·12	36·17	29·80	25·02	44·58	29·84	31·08	118·55
	1904	3,970	21·97	23·78	592	4,216	4,808	38·82	25·49	26·62	61·87	33·49	24·07	18·68	45·71	30·01	31·34	124·67
Bombay Presidency.	1903	576,949	31·22	30·72	144,675	666,850	811,525	59·87	41·51	43·91	138·83	75·47	14·20	14·12	66·47	38·75	42·22	104
	1904	648,594	35·09	30·78	133,405	631,509	764,914	55·21	39·31	41·39	129·59	72·11	10·61	11·58	68·87	41·74	45·23	104·01
Lower Burma	1903	184,561	33·54	34·38	21,821	110,946	132,767	32·33	22·98	24·13	66·57	30·18	15·18	15·63	31·92	23·40	24·48	128
	1904	180,028	32·71	34·25	21,108	101,953	123,061	29·98	21·25	22·36	46·56	28·03	15·45	14·02	31·79	23·02	24·11	128
Upper Burma	1903‡	11,047	37·48	†	11,554	51,387	62,941	39·20	19·83	21·80	4·58	37·12	25·46	12·03	†	†	†	96
	1904	10,393	35·05	36·72	9,230	46,441	55,671	31·13	17·32	18·69	39·82	29·48	20·05	10·71	34·06	18·30	20·08	97
Ajmer-Merwara.	1903	14,061	29·48	27·67	5,316	8,404	13,720	41·01	24·20	28·77	57·43	34·14	34·45	13·38	62·21	49·65	53·06	109·11
	1904	15,997	33·54	26·81	4,784	8,365	13,149	36·90	24·09	27·57	51·87	32·61	30·41	13·99	64·48	49·80	53·79	108·52

* Excluding Tundla town.

† Not available.

‡ Statistics of births for 12 towns only.

STATEMENT No. II.—*Total number of deaths by months.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	Novembsr.	December.	TOTAL.	RATIO PER 1,000 OF POPULATION.	
														1904.	1903.
Bengal	188,321	183,824	201,362	194,551	189,659	152,982	153,646	202,165	177,010	213,136	278,171	280,596	2,415,423	32·45	33·33
Assam	11,413	9,124	9,046	9,447	10,964	11,000	10,624	10,866	11,181	12,512	14,374	15,841	136,392	25·85	26·55
United Provinces of Agra and Oudh.	133,319	119,261	138,302	138,185	125,202	114,230	93,983	101,472	131,188	186,277	178,675	194,855	1,654,949	34·70	40·28
Punjab	75,233	71,441	113,513	196,710	162,574	59,865	37,362	37,288	45,693	56,800	61,812	68,167	986,458	49·06	49·01
North-West Frontier Province	7,217	4,720	4,085	4,106	4,153	4,155	4,296	3,392	4,021	5,145	5,701	5,868	56,859	28·56	28·40
Central Provinces and Berar	37,952	38,458	37,691	33,029	29,612	25,741	23,887	35,726	35,337	33,608	35,198	34,271	400,510	32·06	35·52
Madras Presidency	90,850	81,151	69,753	63,089	61,559	61,664	66,696	65,511	61,219	59,454	67,353	75,979	824,278	22·5	22·2
Coorg	451	461	399	397	423	424	486	471	341	314	276	365	4,808	26·62	31·43
Bombay Presidency	70,844	69,738	75,011	57,189	41,790	36,693	47,200	72,610	73,914	82,700	72,299	64,926	764,914	41·39	43·91
Burma: Lower	11,487	8,591	7,677	8,976	8,806	8,919	10,773	12,041	11,714	11,671	11,577	10,829	123,061	22·36	24·13
Burma: Upper	5,293	4,130	4,130	4,017	4,041	4,286	4,702	4,717	4,688	4,665	5,040	5,962	55,671	18·69	21·80
Ajmer-Merwara	1,663	1,566	1,340	1,131	1,047	782	677	861	1,029	877	873	1,303	13,149	27·57	28·77
TOTAL	634,043	592,465	662,309	710,827	639,830	480,741	454,332	547,120	557,335	667,159	731,349	758,962	7,436,472	32·86	34·7

STATEMENT No. III.—*Births.*

PROVINCE.	Population under registration.	RATIO OF BIRTHS PER 1,000 OF POPULATION. Maximum for any one district.	Minimum for any one district.	Mean for the province.	Number of males born to every 100 females born.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
Bengal	74,428,193	56·81	17·98	42·59	105	10·14	...
Assam	5,275,706	46·58	28·38	35·55	106·59	9·70	...
United Provinces of Agra and Oudh	47,691,782*	60·71	27·73	46·67	107·86	11·97	...
Punjab	20,108,690	46·8	17·6	41·5	109·9	...	7·6
North-West Frontier Province	1,990,744	40·6	32·2	34·9	121·4	6·3	...
Central Provinces and Berar	12,491,909	66·65	43·85	53·19	104·96	21·13	...
Madras Presidency	36,692,040	40·2	23·7	30·7	104·0	8·2	...
Coorg	180,607	35·57	16·17	21·97	100·14	...	4·64
Bombay Presidency	18,481,362	52·51	18·48	35·09	107·70	...	6·29
Burma Lower	5,502,964†	42·04	17·86	32·71	107	10	...
Burma Upper‡	296,541	43·72	26·15	35·05	106	4	...
Ajmer-Merwara	476,912	43·25	30·66	33·54	114·21	5·97	...

* Includes 16,010 persons enumerated at the Ajodhya fair.

† Includes population of excluded tracts as well.

‡ Statistics for 12 towns, registration of births being not enforced yet in the districts of Upper Burma.

STATEMENT No. IV.—*Deaths.*

PROVINCE.	Population under registration.	Area in square miles.	Average population per square mile.	RATIO OF DEATHS PER 1,000 OF POPULATION. Maximum for any one district.	Minimum for any one district.	Mean for the year.	DEATH RATE BY SEX. Male.	Female.
Bengal	74,428,193	147,264	505	50·59	17·61	32·45	33·77	31·13
Assam	5,275,706	31,789	166	33·22	17·81	25·85	25·93	25·77
United Provinces of Agra and Oudh.	47,691,782*	107,164	445	49·43	20·76	34·70	33·52	35·96
Punjab	20,108,690	97,209	207	97·3	18·3	49·1	44·5	54·4
North-West Frontier Province.	1,990,744	13,688†	149	30·0	26·4	28·6	27·7	29·6
Central Provinces and Berar.	12,491,909	97,689	128	47·43	22·33	32·06	33·56	30·60
Madras Presidency	36,692,040	129,241	284	38·8	14·9	22·5	23·2	21·7
Coorg	180,607	1,583	114	34·15	21·72	26·62	26·61	26·63
Bombay Presidency	18,481,362	122,984	150	70·81	12·17	41·39	40·92	41·88
Burma Lower	5,502,964	74,639	74	33·61	15·74	22·36	23·62	20·94
Burma Upper	2,978,052	31,757	94	30·01	10·71	18·69	19·43	18·03
Ajmer-Merwara	476,912	2,711	176	28·51	24·39	27·57	27·26	27·91

* Includes 16,010 persons enumerated at the Ajodhya fair.

† Area and population per square mile of districts include areas of cantonments.

STATEMENT No. V.—*Deaths in Towns and Rural Circles compared.*

PROVINCE.	NUMBER OF REGISTRATION CIRCLES.			POPULATION.			RATIO OF DEATHS PER 1,000 OF POPULATION.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
Bengal	562	162	724	70,693,443	3,734,750	74,428,193	32·32	34·82	32·45
Assam	79	19	98	5,167,896	107,810	5,275,706	25·85	25·80	25·85
United Provinces of Agra and Oudh.	853	448	1,301	44,313,985	3,377,797	47,691,782	33·60	49·10	34·70
Punjab	404	145	549	18,094,164	2,014,526	20,108,690	49·31	46·74	49·06
North-West Frontier Province.	63	10	73	1,826,493	164,251	1,990,744	28·58	28·58	28·56
Central Provinces and Berar.	230	100	330	11,267,309	1,224,600	12,491,909	30·65	45·06	32·06
Madras Presidency	185	232	417	32,444,579	4,247,461	36,692,040	21·7	28·1	22·5
Coorg	5	5	10	165,358	15,249	180,607	25·49	38·82	26·62
Bombay Presidency	223	63	286	16,065,004	2,416,358	18,481,362	39·31	55·21	41·39
Burma Lower	203	39	242	4,798,853	704,111	5,502,964	21·25	29·98	22·36
Burma Upper	115	12	127	2,681,511	296,541	2,978,052	17·32	31·13	18·69
Ajmer-Merwara	17	6	23	347,280	129,632	476,912	24·09	36·90	27·57

STATEMENT No. VI.—*Deaths according to age.*

PROVINCE.	RATIO PER 1,000 OF POPULATION.																			
	Under 1 year.		1 year and under 5 years.		5 years and under 10 years.		10 years and under 15 years.		15 years and under 20 years.		20 years and under 30 years.		30 years and under 40 years.		40 years and under 50 years.		50 years and under 60 years.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Bengal . .	296·62	252·40	49·29	43·57	18·65	15·85	13·95	12·77	16·74	17·73	18·38	19·01	20·67	19·46	26·05	24·18	38·84	35·33	76·14	61·72
Assam . .	201·19	179·52	35·08	33·27	10·81	9·10	9·46	8·99	12·47	18·40	14·24	19·02	17·01	17·58	21·58	17·83	33·93	29·92	65·40	52·71
United Provinces of Agra and Oudh.	350·90	334·40	55·42	57·54	14·06	15·08	10·92	13·15	13·42	19·42	15 19	19·45	17·50	19·44	23·12	22·73	37·47	36·54	69·43	62·42
Punjab . .	286·44	287·85	52·34	55·93	20·84	28·69	22·82	37·36	26·15	35 96	26·67	33·45	30·69	40·78	41 03	50 09	54·47	66 48	97·34	116·47
North-West Frontier Province.	202·89	171·23	49·94	47·86	11·29	12·25	7·47	10·43	8·59	11·36	9·84	14·33	13·95	19·15	20·87	24·97	34·06	35.18	69·82	72·51
Central Provinces and Berar .	564·84	494·30	51·84	46·05	11·78	11·21	9·18	9.54	12·96	13·96	13·52	13·95	15·50	15·06	21·96	17 00	33·59	27·10	81·33	66·74
Madras Presidency	203·2	168·7	26·7	25·4	8·4	8·1	6·4	6·3	9·3	12·0	10·9	11·5	13·2	12·1	19·3	15·1	31·3	26·4	69·7	66·4
Coorg . .	163·65	141·23	31·28	28·83	7·92	9·56	8·08	7·22	13·04	14·20	19·68	22·56	26·52	25·31	34·16	31·28	52·28	51·42	75·40	68·07
Bombay Presidency	326·64	288·69	51·42	49·54	19 54	22·14	20·55	26·30	25·72	30 35	27·14	29·14	30·44	31·22	39·83	34·92	57·05	50·43	109·33	104·54
Burma . Lower	315·11	220·17	25·38	22·28	11·91	10·29	8·97	7·98	12·50	10·74	11·73	10·91	14·87	15·10	20·48	18·27	26·41	23·32	51·82	49·14
Burma . Upper	177·28	124·61	22·63	20·16	8·45	8·10	5·89	4·85	7·62	7·43	8·00	9·08	10·33	11·39	14·47	13·49	22·77	19·19	58·10	25·63
Ajmer-Merwara .	224·05	231·62	84·37	77·84	7·74	7·43	5·71	6 60	8·98	13·52	12·95	16·23	17·57	17·76	26·19	20·93	38·88	35·71	63·94	54·54

STATEMENT No. VII.—*Deaths according to cause.*

PROVINCE.	DEATHS PER 1,000 OF POPULATION IN 1904.									Ratio of deaths in 1903.	Ratio of deaths in 1902.
	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhœa.	Respiratory diseases.	Injuries.	All other causes.	All causes.		
Bengal	1·85	·23	1·01	22·23	·64	·11	·44	5·91	32·45	33·33	33·43
Assam	1·06	·30	...	13·49	2·21	·14	·32	8·33	25·85	26·55	29·01
United Provinces of Agra and Oudh	·14	·15	3·75	23·92	·50	·41	·50	5·33	34·70	40·28	32·54
Punjab	·04	·48	19·71	18·82	·60	2·66	·32	6·43	49·06	49·01	44·11
North-West Frontier Province	·001	·78	·001	22·30	·31	·39	·32	4·46	28·56	28·40	24·43
Central Provinces and Berar .	·24	·16	3·43	13·54	2·14	1·22	·52	10·81	32·06	35·52	27·33
Madras Presidency . . .	·6	·3	·5	8·0	1·3	·5	·4	10·9	22·5	22·2	20·2
Coorg	...	·09	·14	22·45	·50	·12	·29	3·04	26·62	31.43	27·06
Bombay Presidency . .	·71	·23	12·12	13·60	3·33	3·22	·34	7·83	41·39	43·91	39·04
Burma Lower . . .	·45	·24	...	9·91	1·27	·53	·26	9·70	22·36	24·13	21·16
Burma Upper . . .	·17	·17	...	7·05	·31	·39	·29	10·32	18·69	21·80	17·30
Ajmer-Merwara . . .	...	·27	·33	21·83	·78	·50	·41	3·45	27·57	28·77	32·86

STATEMENT No. VIII.—*Ratio of deaths from all causes by months.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Bengal . . .	2·53	2·46	2·70	2·61	2·54	2·05	2·06	2·71	2·37	2·86	3·73	3·77	32·45
Assam . . .	2·16	1·73	1·71	1·79	2·08	2·09	2·02	2·06	2·12	2·37	2·72	3·00	25·85
United Provinces of Agra and Oudh .	2·79	2·50	2·90	2·90	2·62	2·39	1·97	2·13	2·75	3·90	3·75	4·08	34·70
Punjab . . .	3·74	3·55	5·65	9·78	8·09	2·98	1·86	1·85	2·27	2·83	3·07	3·39	49·06
North-West Frontier Province . .	3·63	2·38	2·05	2·06	2·09	2·09	2·16	1·70	2·02	2·58	2·86	2·95	28·56
Central Provinces and Berar . .	3·04	3·08	3·02	2·64	2·37	2·06	1·91	2·86	2·83	2·69	2·82	2·74	32·06
Madras Presidency	2·5	2·2	1·9	1·7	1·7	1·7	1·8	1·8	1·7	1·6	1·8	2·1	22·5
Coorg . . .	2·50	2·55	2·20	2·20	2·34	2·35	2·69	2·60	1·89	1·74	1·53	2·02	26·62
Bombay Presidency	3·83	3·77	4·06	3.10	2·26	1·99	2·55	3·93	4·00	4·48	3·91	3·51	41·39
Burma Lower .	2·00	1·56	1·40	1·63	1·60	1·62	1·96	2·19	2·13	2·12	2·10	1·97	22·36
Burma Upper .	1·78	1·39	1·39	1·35	1·36	1·44	1·58	1·58	1·57	1·57	1·69	2·00	18·69
Ajmer-Merwara .	3·49	3·28	2·81	2·37	2·20	1·64	1·42	1·81	2·16	1·84	1·83	2·73	27·57

STATEMENT I.—*Deaths from CHOLERA in the different Provinces in India from 1877 to 1904.*

YEAR.	Bengal.*	Assam.	United Provinces of Agra and Oudh.	Punjab.	(a) N.-W. Frontier Province.	Central Provinces. ¶	Berar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma.†	Ajmer-Merwara.	Rajputana.	Central India.	Hyderabad (Cantonment stations).	Mysore.
1877	155,305	11,377	31,770	29	...	3,418	842	357,430	‡	57,228	7,276	...	11	60	926	7,414	2,902
1878	95,192	6,732	22,221	215	...	40,985	34,306	47,167	49	46,743	6,759	...	210	2,393	8,047	6,696	723
1879	130,363	17,415	35,892	26,135	...	27,575	223	13,296	...	6,937	1,828	...	120	918	2,734	6	14
1880	39,643	2,083	71,546	274	...	330	1	613	...	684	2,638	...	3	...	299	...	25
1881	79,180	5,010	25,865	5,207	...	9,140	3,404	9,446	3	16,694	5,239	...	16	197	581	1,721	25
1882	182,352	21,055	89,372	39	...	11,932	3,573	23,604	31	7,904	7,177	...	289	1,327	1,562	150	893
1883	90,439	14,908	18,160	190	...	16,235	27,897	36,284	...	57,954	2,185	...	87	797	1,740	1,947	124
1884	134,421	22,276	30,143	614	...	149	87	75,476	...	13,804	5,515	...	227	1,297	1,018	2,479	330
1885	173,767	7,753	63,457	1,936	...	21,868	3,683	58,109	...	37,287	7,685	...	100	1,615	4,624	1,387	2,677
1886	118,368	20,188	34,565	12	...	16,679	976	12,417	...	167	4,027	...	765	173	290	499	10
1887	172,578	7,941	200,628	8,804	...	12,576	14,396	28,359	3	25,711	2,649	...	384	2,612	8,868	2,831	832
1888	111,391	9,693	18,704	14,938	...	921	305	58,677	2	36,500	15,982	...	13	32	191	2,057	1,015
1889	171,103	18,288	48,494	2,838	...	52,588	10,925	76,020	9	32,431	3,240	...	55	6,923	3,344	1,128	1,590
1890	145,885	15,396	80,295	3,401	...	4,787	847	35,288	5	3,259	1,076	...	408	2,746	3,132	...	1,326
1891	229,575	23,882	169,013	10,107	...	21,312	7,958	98,773	7	17,850	2,400	...	532	2,946	13,474	3,102	1,204
1892	259,398	21,552	194,886	75,959	...	39,972	2,030	79,033	58	42,900	6,208	...	2,352	26,760	8,384	53	5,497
1893	126,976	21,849	12,154	639	...	557	1,188	32,209	9	18,853	2,393	...	3	314	127	165	680
1894	236,150	13,497	178,079	113	...	7,043	3,452	42,289	8	33,588	7,428	...	...	2	5,210	1,862	328
1895	177,087	18,962	51,562	549	...	15,506	11,919	21,172	...	8,890	5,150	...	289	1,049	6,043	467	2,334
1896	226,824	17,042	69,147	5,146	...	52,985	12,264	47,847	49	35,404	2,959	...	12	3,797	15,766	525	2,100
1897	196,247	33,240	44,208	622	...	57,131	10,122	143,445	106	57,109	8,538	...	19	1,496	13,202	1,039	4,248
1898	65,020	11,149	2,508	33§	...	7	...	65,444	8	4,368	2,972	...	1	6	2	6	1,193
1899	107,678	8,380	8,142	1,816	...	76‖	541	29,082	...	8,579	4,942	2,050	1	498	...	...	123
1900	345,878	23,761	84,960	28,260	...	63,114	18,375	60,662	...	163,889	3,440	41	4,842	28,719	20,450	3,813	779
1901	110,753	7,468	53,995	180	117	49	17	81,370	58	13,600	3,552	‡	50	6	72	1	11,351
1902	150,971	12,658	25,160	371	...	28	16	29,769	...	3,230	1,844	57	32	1,519	12	...	218
1903	203,405	8,360	47,159	14,688	1,354	437	...	27,393	...	1,825	5,346	2,887	...	236	1,110	...	98
1904	137,701	5,588	6,617	716	1	2,967	...	23,109	...	13,156	2,472	508	...	1	150	...	471

* Excluding Calcutta from 1877 to 1892.
† Statistics from 1877 to 1898 not available.
‡ Statistics not available.
§ Including 30 deaths in cantonments.
‖ Excluding Zamindaris.
¶ Including Berar from 1903.

(a) 1877-1900 included in the Punjab.

STATEMENT II.—*Deaths from* CHOLERA *in British Provinces, by months, during the year 1904.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIO PER 1,000 OF POPULATION.	
														1904.	1903.
Bengal	7,695	5,307	8,315	13,417	11,138	9,377	9,149	7,083	3,910	7,587	22,193	32 530	137,701	1·85	2·73
Assam	149	69	189	351	327	369	219	148	149	307	1,285	2,026	5,588	1·06	1·58
United Provinces of Agra and Oudh.	81	67	109	803	1,400	1,989	416	262	440	518	376	156	6,617	·14	·99
Punjab	2	...	1	2	107	280	114	182	28	...	...	...	716	·04	·73
N.-W. F. Province.	...	...	...	...	...	...	1	...	...	...	...	...	1	·001	·68
Central Provinces and Berar.	...	...	...	...	...	30	71	1,775	968	123	...	...	2,967	·24	·03
Madras Presidency.	9,803	7,426	3,208	1,148	678	247	180	170	49	33	67	100	23,109	·6	·7
Coorg	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay Presidency.	...	1	2	1	44	53	1,657	7,353	2,462	1,176	291	116	13,156	·71	·09
Burma { Lower	166	96	286	474	143	120	108	208	219	272	240	140	2,472	·45	·97
Burma { Upper	70	84	4	...	17	24	88	204	11	3	...	3	508	·17	1·00
Ajmer-Merwara.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	17,966	13,050	12,114	16,196	13,854	12,489	12,003	17,385	8,236	10,019	24,452	35,071	192,835	·85	1·37

STATEMENT III.—*Details of the distribution and occurrence of* CHOLERA *during the year 1904.*

PROVINCE.	Mortality in 1904.	Mean mortality of previous 5 years.	Urban mortality.	Rural mortality.	Percentage of villages attacked.	Maximum mortality in any one district excluding towns.	Maximum mortality in any one town.	Month of maximum prevalence.
Bengal	1·85	2·46	2·47	1·81	12 05	4·37	12·88	December.
Assam	1·06	2·30	1·31	1·05	7·24	1·63	5·62	December.
United Provinces of Agra and Oudh	·14	·93	·17	·14	·81	1·43	3·33	June.
Punjab	·04	·42	·04	·03	·33	·33	3·11	June.
N.-W. Frontier Province	·001	·48	...	·001	·04	·002	...	July.
Central Provinces and Berar	·24	1·52	·45	·21	1·39	1·62	4·50	August.
Madras Presidency	·6	1·3	·9	·6	7·98	2·8	24·0	January.
Coorg	...	·06	...	...	...	...	...	...
Bombay Presidency	·71	2·05	·90	·68	3·87	3·18	26·23	August.
Burma { Lower	·45	·75	1·17	·34	3·02	2·48	6·14	April.
Burma { Upper	·17	·38	·69	·11	·46	·79	5·58	August.
Ajmer-Merwara	...	2·07	...	...	...	...	...	...

TABLE I.—*Small-pox mortality.*

Provinces, Districts, Towns—children.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces.													
A.—Deaths by months :—													
January	1,229	43	388	1,412	340	89	26	56	994	264	5	9	4,855
February	1,584	49	394	995	142	167	53	39	905	389	10	...	4,727
March	2,295	85	706	1,251	122	157	87	75	841	495	17	...	6,131
April	1,892	138	984	1,285	77	201	232	96	678	485	16	2	7,086
May	3,004	268	1,256	1,493	113	249	270	100	704	392	8	2	7,859
June	2,217	284	1,285	1,199	131	314	136	72	671	320	...	...	6,629
July	1,220	302	920	730	118	271	149	20	573	223	...	...	4,526
August	832	168	484	337	110	185	107	21	601	166	...	...	3,011
September	430	64	220	211	59	102	65	9	739	137	1	...	2,037
October	397	42	83	171	89	51	52	9	828	124	4	2	1,852
November	520	49	99	240	151	61	57	1	1,064	284	16	...	2,542
December	710	67	179	300	109	179*	77	...	1,293	1,010	52	1	3,977
Total .	17,330	1,559	6,998	9,624	1,561	2,026	1,311	498	9,891	4,289	129	16	55,232
B.—Annual death ratios—													
Ratio per 1,000 of population 1904.	·23	·30	·15	·48	·78	·16	·24	·17	·3	·23	·27	·09	·24
Ratio per 1,000 of population 1903.	·40	·21	·46	·78	1·35	·17	·23	·23	·4	·15	·01	·24	·41
Difference .	—·17	+·09	—·31	—·30	—·57	—·01	+·01	—·06	—·1	+·08	+·26	—·15	—·17
Mean ratio per 1,000 during 1899-1903.	·42	·51	·13	·45	·86	·38	·56	·48	·6	·24	1·50	·94	·39
Difference .	—·19	—·21	+·02	+·03	—·08	—·22	—·32	—·31	—·3	—·01	—1·23	—·85	—·15
II.—District mortality excluding towns—													
Number of districts affected .	44	8	48	28	5	25	11	8	22	20	10	3	232
Highest district ratio . .	1·32	3·55	·92	2·21	1·54	·85	1·25	·90	·9	·82	1·46	·31	3·55
Name of that district . .	Jalpaiguri	Nowgong	Allahabad	Gurgaon	Hazara	Bilaspur	Prome	Myingyan	Bellary	Khandesh	Pisangan	Yedenalknad.	Nowgong.
Lowest district ratio . . .	·001	·01	·003	·01	·004	·004	·01	·004	·001	·002	·03	·03	·001
Name of that district . .	Noakhali	Sylhet	Lucknow	Kangra	Bannu	Amraoti	Bassein	Meiktila	Anantapur	Ahmedabad	Bhinai	Kiggatnad	Anantapur.
Number of districts without mortality.	1	None	None	None	None	1	7	4	None	4	7	2	26
District death-rate per 1,000 of population.	·23	·30	·15	·43	·79	·16	·25	·18	·3	·18	·13	·08	·24
III.—Town mortality :—													
Number of towns affected .	66	2	45	87	7	30	13	3	71	27	4	1	356
Highest town ratio . . .	10·95	2·97	13·35	9·24	5·98	13·20	6·30	·37	5·0	8·05	1·39	·47	13·35
Name of that town . . .	Kishanganj.	Tezpur	Kiratpur	Jhajjar	Nawashahr.	Mungeli	Kyaikat	Myingyan	M. T. C. Madura.	Nasirabad	Pisangan	Virajendrapet.	Kiratpur.
Lowest town ratio . .	·02	·23	·005	·02	·11	·02	·04	·02	·01	·02	·05	...	·005
Name of that town . . .	Cossipore-Chitpur.	Nowgong	Cawnpore	Rawalpindi.	Dera Ismail Khan.	Nagpur	Prome	Mandalay	Calicut	Broach	Beawar	...	Cawnpore
Number of towns without mortality.	96	17	63	58	3	70	26	9	161	36	2	4	545
Town death-rate per 1,000 of population.	·24	·14	·14	·91	·70	·18	·19	·03	·2	·57	·66	·13	·33
IV.—Infantile mortality :—													
Children under 1 year . .	3,153	322	2,729	2,529	371	812	135	63	4,950	1,417	35	...	16,516
Children 1-10 years . . .	6,902	965	13,570	1,524	922	541	505	173	2,741	21·36	84	...	20,062
Percentage of children in total small-pox mortality.	58·02	82·55	90·01	42·11	82·83	66·78	48·82	47·39	77·76	82·84	92·25	...	66·25

* 159 in statement VIII of the Provincial sanitary report.

TABLE II.—*Fever mortality.*

Provinces, Districts, Towns.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces—													
A.—Deaths by months—													
January	125,845	5,909	90,072	42,927	5,695	13,425	6,087	2,255	30,007	24,933	1,333	362	348,850
February	119,562	4,949	72,859	32,213	3,732	13,481	4,313	1,480	26,975	22,863	1,299	383	304,119
March	123,614	4,755	73,577	32,272	3,129	12,701	3,668	1,629	25,254	23,886	1,120	338	305,943
April	127,207	5,162	86,436	30,605	3,171	13,850	4,027	1,394	23,982	20,914	911	338	317,997
May	131,336	6,345	92,060	33,636	3,164	14,902	3,877	1,371	23,128	18,001	870	371	329,061
June	104,501	6,004	86,109	29,523	3,254	13,087	3,828	1,544	23,190	16,071	607	366	288,084
July	104,314	6,031	68,356	22,917	3,403	10,785	4,527	1,579	24,932	17,661	540	422	265,467
August	141,794	6,040	70,738	21,804	2,481	14,773	5,159	1,563	23,498	21,527	654	374	310,405
September	127,531	6,139	94,649	27,918	3,090	15,257	4,581	1,721	22,000	19,578	782	293	323,539
October	158,105	6,393	142,906	34,901	4,090	15,253	4,659	1,751	20,218	20,211	655	258	409,400
November	202,221	6,750	133,607	35,434	4,525	16,234	5,050	2,000	23,218	22,259	685	224	452,207
December	189,168	6,694	129,650	34,255	4,653	15,423	4,773	2,720	26,867	23,426	955	325	438,909
Total .	1,655,198	71,171	1,141,029	378,405	44,387	169,171	54,549	21,007	293,269	251,330	10,411	4,054	4,093,981
B.—Annual death ratios—													
Ratio per 1,000 of population 1904.	22·23	13·49	23·92	18·82	22·30	13·54	9·91	7·05	8·0	13·60	21·83	22·45	18·09
Ratio per 1,000 of population 1903.	22·23	14·22	27·65	25·33	21·37	15·27	10·14	7·63	8·4	14·05	23·05	26·41	19·66
Difference .	·00	—·73	—3·73	—6·51	+·93	—1·73	—·23	—·58	—·4	—·45	—1·22	—3·96	—1·57
Mean ratio per 1,000 during 1899-1903.	22·32	15·32	25·15	24·77	17·03	18·45	9·95	7·41	8·0	17·13	39·34	25·37	19·75
Difference .	—·09	—1·83	—1·23	—5·95	+5·27	—4·91	—·04	—·36	·00	—3·53	—17·51	—2·92	—1·66
II.—District mortality excluding towns—													
Number of districts affected .	45	8	48	28	5	26	18	12	22	24	17	5	258
Highest district ratio . .	37·81	27·31	36·46	25·52	25·45	27·34	16·37	12·55	17·0	27·39	31·66	31·00	37·81
Name of that district . .	Dinajpur	Goalpara	Muttra	Gurgaon	Peshawar	Burhanpur.	Thayetmyo.	Mandalay	Ganjam	Ahmedabad.	Srinagar	Nanjarajpatna.	Dinajpur
Lowest district ratio . .	8·25	9.39	14·72	3·92	19·72	6·30	6·44	3·95	2·8	7·34	13·04	15·08	2·8
Name of that district . .	Puri	Cachar	Ballia	Simla	Hazara	Wardha	Myaungmya.	Sagaing	Anantapur.	Belgaum	Sawar	Yedenalknad.	Anantapur.
Number of districts without mortality.	None	None	None	None	None	None	None	None	None	None	None	None	None
District death-rate per 1,000 of population.	22·72	13·54	23·94	19·08	22·73	14·07	10·09	7·00	8·3	14·30	22·34	22·83	18·58
III.—Town mortality—													
Number of towns affected .	162	19	108	145	10	100	39	12	228	63	6	5	897
Highest town ratio . . .	40·01	20·35	58·19	39·68	23·66	28·64	18·04	10·90	21·1	31·85	35·36	34·37	58·19
Name of that town . . .	Birnagar	Golaghat	Brindaban.	Dinanagar	Haripur	Yeotmhl	Myaungmya.	Kyaukse	Yellamanchilli.	Umarkot	Pisangan	Fraserpet	Brindaban
Lowest town ratio . . .	2·86	1·49	8·75	1·87	6·19	·34	3·10	1·90	·1	1·26	14·63	2·80	·1
Name of that town . . .	Ihalakati	Hailakandi.	Konch	Khangah Dogran	Abbottabad.	Akola	Danubyu	Minbu	Tadpatri	Bijapur	Ajmer	Virjendrapet.	Tedpatri.
Number of towns without mortality.	None	None	None	None	None	None	None	None	4	None	None	None	
Town death-rate per 1,000 of population.	12·97	11·08	23·75	16·46	17·44	8·74	8·68	7·52	5·3	8·92	20·47	18·30	12·59

TABLL III.—*Dysentery and Diarrhœa mortality.*

Provinces, Districts and Towns.	Bengal.	Assam.	United Provinces.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Registration India.
I.—Mortality by Provinces— A.—Deaths by months—													
January	4,585	806	2,008	896	41	1,908	655	76	4,737	3,451	36	11	19,210
February	4,044	511	1,541	702	35	2,077	420	34	4,366	3,813	35	15	17,593
March	4,029	614	1,783	675	47	1,845	362	41	4,080	3,992	24	7	17,499
April	4,286	670	2,190	968	50	2,081	466	57	3,807	4,303	38	9	18,925
May	3,922	772	2,499	1,249	75	1,828	555	79	3,731	4,121	22	8	18,861
June	3,074	1,065	2,151	1,081	57	1,418	586	116	4,018	4,084	24	9	17,683
July	3,458	1,100	1,846	899	41	2,077	671	174	4,498	5,676	22	12	20,474
August	4,532	1,153	1,673	873	40	4,432	743	112	4,251	9,004	32	7	26,852
September	3,721	1,232	1,781	1,141	55	3,153	684	67	3,463	6,387	42	2	21,728
October	3,674	1,196	1,919	1,323	64	2,217	559	56	3,045	6,145	34	1	20,233
November	4,070	1,349	2,088	1,211	57	2,002	625	53	3,798	5,423	24	4	20,704
December	4,480	1,214	2,233	1,097	48	1,704	683	52	4,269	5,071	37	5	20,893
Total .	47,875	11,682	23,712	12,115	610	26,742	7,009	917	48,063	61,470	370	90	240,655
B.—Annual death ratios—													
Ratio per 1,000 of population 1904	·64	2·21	·50	·60	·31	2·14	1·27	·31	1·3	3·33	·78	·50	1·06
Ratio per 1,000 of population 1903	·76	1·99	·85	·82	·28	2·66	1·61	·39	1·3	3·00	·95	·76	1·21
Difference .	—·12	+·22	—·35	—·22	+·03	—·52	—·34	—·08	·00	+·33	—·17	—·26	—·15
Mean ratio per 1,000 during 1899-1903	·75	2·35	·65	·83	·26	3·76	1·59	·41	1·1	5·02	4·77	·86	1·38
Difference .	—·11	—·14	—·15	—·23	+·05	—1·62	—·32	—·10	+·2	—1·69	—3·99	—·36	—·32
II.—District mortality excluding towns													
Number of districts affected .	45	8	48	28	5	26	18	12	22	24	12	5	253
Highest district ratio . .	4·08	4·33	8·04	1·59	·70	9·52	2·53	·78	5·1	10·09	2·19	·34	10·09
Name of that district . .	Howrah	Lakhimpur.	Garhwal	Simla.	Dera Ismail Khan.	Akola.	Myaungmya.	Yamethin	Nilgiris.	Khandesh	Pohkar.	Nanjarajpatna.	Khandesh.
Lowest district ratio . .	·02	·24	·01	·12	·02	·26	·24	·13	·2	·03	·04	·07	·01
Name of that district . .	Rangpur.	Goalpara.	Jaunpur.	Multan.	Kohat,	Bhandara	Thayetmyo.	Shwebo.	Madura.	Upper Sind Frontier.	Ajmer.	Padinalknad.	Jaunpur.
Number of districts without mortality.	None	None	None	None	None	None	None	None	None	None.	5	None	5
District death-rate per 1,000 of population.	·53	2·18	·40	·47	·21	2·10	1·10	·31	1·0	3·37	·23	·21	0·93
III.—Town mortality—													
Number of towns affected . .	156	19	95	144	10	95	36	9	199	61	6	2	832
Highest town ratio .	10·82	9·00	8·44	6·18	2·96	15·87	5·05	1·97	11·2	9·43	4·18	10·04	15·87
Name of that town . .	Bally.	Dibrugarh.	Ballia.	Kalabagh	Kulachi.	Shegaon.	Bassein.	Sagaing.	Pallamcottah.	Nandurbar.	Ajmer-Suburb.	Virajendrapet.	Shegaon.
Lowest town ratio . .	·01	·28	·05	·20	·17	·10	·14	·13	·1	·10	·23	1·78	·01
Name of that town . . .	Madhubani.	Sonamonj.	Amroha.	Akalgarh	Kohat.	Wardha.	Ngathainggyaung	Salin	Shendamangalam	Jambusar	Pisangan.	Mercara.	Madhubani.
Number of towns without mortality.	6	None	13	1	None	5	3	3	33	2	None	3	69
Town death-rate per 1,000 of population.	2·62	3·75	1·76	1·81	1·41	2·56	2·44	·32	3·4	3·01	2·23	3·61	2·54

TABLE IV—*Plague deaths.*

Province or State.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
													1904.	1903.
Bengal	8,385	14,174	23,472	10,791	1,938	667	518	1,810	1,667	1,021	2,200	8,793	75,436	65,680
Assam	...	...	...	...	...	...	...	...	...	...	...	...	...	28
United Provinces of Agra and Oudh.	18,710	26,092	43,354	25,508	5,606	606	361	1,945	3,468	6,178	12,522	34,732	179,082	80,729*
Punjab	12,340	22,453	63,533	148,819	109,892	14,269	562	181	491	2,132	6,744	14,941	396,357†	192,068‡
North-West Frontier Province.	...	...	...	1	...	...	...	...	...	...	...	...	1	49
Punjab Native States (Kapurthala, Patiala, Nabha, Kalsia, Malerkotla, Bhawalpur, Jhind, Nalagarh, Baghat, &c.).	1,039	2,058	5,008	21,207	4,708	365	...	73	153	518	1,250	1,831	38,210	18,629
Jammu and Kashmir State.	94	498	2,232	3,151	731	77	1	...	16	227	216	49	8,691‖	1,103¶
Central Provinces and Berar.	9,025	9,602	10,844	4,527	380	18	24	419	1,631	2,388	2,045	1,963	42,866	51,514
Native States in Central Provinces.	26	21	39	2	...	...	2	11	...	...	...	...	101	...
Burma Lower	...	1	...	1	...	...	...	...	...	...	...	1	3	9§
Burma Upper	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Presidency	3,763	3,413	1,660	432	214	461	1,036	2,076	2,141	1,765	1,631	1,533	20,125	13,006
Madras Native States (Cochin).	...	3	...	...	...	...	1	...	...	...	...	...	4	...
Bombay	23,710	24,752	27,974	14,878	3,939	1,874	5,684	15,712	26,514	36,513	25,302	17,105	223,957	281,269
Bombay Presidency Native States.	5,787	5,998	8,275	8,029	3,182	880	1,371	4,608	7,097	7,973	6,054	4,093	63,347	82,483
Baluchistan	...	...	13	12	...	...	...	...	...	...	...	...	25	3§
Ajmer-Merwara	...	...	4	4	23	1	...	25	55	30	1	15	158	48
Rajputana (Marwar State, Jaipur State, Sirohi State, Meywar, Ulwar, Bikanir, &c.)	1,017	2,105	4,294	3,349	673	170	334	1,255	1,975	1,233	1,220	1,643	19,268	2,442
Central India	3,685	3,247	4,609	2,249	987	76	48	1,258	4,579	3,790	1,140	877	26,545	25,169
Coorg	3	1	...	1	...	...	...	14	3	3	...	...	25	45
Mysore	2,263	1,737	1,072	576	340	896	2,013	3,319	3,043	2,860	2,196	1,307	21,622	20,223
Bangalore Civil and Military Station.	493	318	162	44	29	58	77	154	257	395	368	219	2,574	2,037
Hyderabad State	3,994	3,906	3,360	1,590	153	51	590	1,443	1,786	3,047	2,993	2,683	25,596	28,094
Total	94,334	120,379	199,905	245,171	132,795	20,469	12,622	34,303	54,876	70,073	65,882	91,785	1,143,993	865,628¶
Calcutta City	65	323	1,514	1,910	563	131	38	25	8	10	34	68	4,689	8,222
Bombay City	952	2,468	4,086	3,079	1,006	254	203	219	279	286	276	396	13,504	20,751
Madras City	2	1	1	2	...	...	...	...	1	1	...	...	8	6

* 84,409 in Statement No. VI of the Provincial Sanitary Report.
† 364,740 in Plague Statement I of the Provincial Sanitary Report.
‡ 205,462 in Statement No. VI of the Provincial Sanitary Report.
All imported cases.
Including 1,399 deaths for Kashmir the monthly detail of which is not available.
Including 50 deaths " " " " " "

STATEMENT NO. 1.—*Total Primary and Re-vaccinations, successful cases among the children, cost of the special Vaccination Department, etc., during the official year 1904-05.*

Province.	Number of persons vaccinated by the Special and Dispensary Staffs combined.		Percentage of successful cases* to total operations.		Number of children successfully vaccinated by the Special and Dispensary staffs combined.		Average number of operations performed by each vaccinator of the special staff.	Total cost of the Special Department.	Average cost of each successful case vaccinated by the Special Department.
	Primary.	Re-vaccinations.	Primary.	Re-vaccinations.	Under one year.	1 to 6 years.			
								R	R A. P.
Bengal	2,798,006	99,901	98·80	61·63	1,029,548	1,519,614	1,049	1,90,198	0 1 1
Assam	294,702	3,400	98·80	79·82	68,345	202,443	1,047	25,491	0 1 7
United Provinces of Agra and Oudh ...	1,577,931	93,829	97·62	86·51	999,720	459,883	1,835	1,48,638	0 1 6
Punjab	582,019	137,752	99·17	81·04	456,553	95,202	2,758	92,689	0 2 4
North-West Frontier Province ...	74,267	2,775	98·96	75·39	43,759	18,696	2,751	11,223	0 2 5
Central Provinces and Berar	606,482	83,315	98·73	73·78	448,121	127,880	2,092	67,068	0 1 9
Madras Presidency	1,406,989	76,280	87·38	74·51	434,701	608,587	1,713†	2,77,371	0 3 7
Coorg	8,901	1,477	95·99	86·43	1,184	5,463	1,107	2,769	0 4 8
Bombay Presidency	607,064	61,943	98·52	79·12	456,534	97,430	1,549	2,85,418	0 7 9
Burma	380,686	32,317	84·67	47·99	75,629	174,452	1,706	1,00,150	0 5 2
Ajmer-Merwara	14,210	503	99·08	86·28	10,703	2,726	980	2,659	0 2 11
TOTAL ...	8,351,257	593,492	96·04	74·71	4,024,797	3,312,376	1,487	12,03,674	0 2 4

* Excluding those the results of which were not known.

† Excludes average of work done by each medical subordinate.

STATEMENT NO. 2.—*Vaccination operations performed by the Special and Dispensary establishments separately, deaths from small-pox, etc., during the official year 1904-05.*

Province.	Population.	Number of persons vaccinated (primary and re-vaccinations combined).			Ratio of successful vaccinations per 1,000 of population.	Percentage of annual estimated births at 40 per 1,000 of population successfully vaccinated.	Deaths from small-pox.*	
		By Special Department.	By Dispensary staff.	Total.			Number.	Ratio per 1,000 of population.
Bengal	74,807,143	2,770,757	127,150	2,897,907	37·49	34·41	17,330	·33
Assam	6,126,343	276,933	21,169	298,102	47·86	27·89	1,559	·30
United Provinces of Agra and Oudh ...	47,960,667†	1,671,342	418‡	1,671,760	33·25	52·11	6,998	·15
Punjab	20,290,151	719,462	309	719,771	32·25	56·25	9,624	·48
North-West Frontier Province ...	2,084,697	76,938	104§	77,042	34·75	52·48	1,561	·78
Central Provinces and Berar	14,627,045	667,269	22,528	689,797	44·26	76·59	2,026	·16
Madras Presidency	38,408,531	1,470,456	12,813	1,483,269	32·36	28·29	9,891	·3
Coorg	180,607	9,963	410	10,378	53·65	16·39	16	·09
Bombay Presidency	21,539,199	665,765	3,242	669,007	27·38	52·99	4,289	·23
Burma	10,477,508	397,441	15,562	413,003	30·65	18·05	1,809	·21
Ajmer-Merwara	476,912	14,713	...	14,713	30·43	56·11	129	·27
TOTAL ...	236,978,803	8,741,044	203,705	8,944,749	34·79	42·46	55,232	·24

* For the calendar year.

† Includes 16,010 persons enumerated at the Ajodhya fair.

‡ No special vaccinators are attached to dispensaries. Operations performed by medical subordinates.

§ There were no special vaccinators attached to the dispensaries. Operations were performed by Civil Surgeon and medical subordinates.

STATEMENT NO. III.—*The number of persons primarily vaccinated and the number of those who were successfully vaccinated in His Majesty's European and Native Army in India, during 1904.*

Commands and Divisions.	EUROPEAN ARMY.														NATIVE ARMY.													
	Officers.		Officers' wives.		Officers' children.		Warrant and Non-Commissioned Officers and men.		Women.		Children.		Total.		European Officers.		European Officers' wives.		European Officers' children.		Native Commissioned, Non-Commissioned Officers and men.		Women.		Children.		Total.	
	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.
Northern Command	...	...	...	...	4	4	...	...	...	...	295	254	299	258	...	...	...	...	...	...	3,415	2,675	146	134	3,421	3,173	6,982	5,982
Western Command	...	...	...	...	7	4	2	2	2	...	349	210	360	216	...	...	...	...	5	5	1,040	806	...	...	1,463	1,141	2,508	1,952
Eastern Command	...	...	...	...	5	5	1	1	1	1	375	229	382	236	...	...	...	...	...	...	1,411	854	89	78	810	699	2,310	1,631
Secunderabad Division	...	...	...	...	...	...	5	3	2	2	169	117	176	122	...	...	...	...	1	1	354	244	16	13	642	585	1,013	843
Burma Division	...	...	...	...	4	4	...	...	...	...	31	10	35	14	...	...	...	...	...	...	221	110	10	7	120	65	351	182
INDIA	...	...	...	...	20	17	8	6	5	3	1,219	820	1,252	846	...	...	...	...	6	6	6,441	4,689	261	232	6,456	5,663	13,164	10,590

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA

OF THE

NATIVE ARMY AND OF THE JAIL POPULATION

FOR THE YEAR

1904.

COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

BY

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Influenza by months, stations, groups, and commands	XXXI	80—81
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Enteric fever by months, stations, groups, and commands	XXXIII	82—83
Simple continued fever by months, stations, groups, and commands	XXXIV	82—83
Intermittent fever by months, stations, groups, and commands	XXXV	84—87
Remittent fever by months, stations, groups, and commands	XXXVI	84—87
Pneumonia by months, stations, groups, and commands	XXXVII	88—91
Dysentery by months, stations, groups, and commands	XXXVIII	88—91
Statistics of regiments	XXXIX*	

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* Omitted for the present by order of Government.

III.—PRISONERS 1904.

(European, Eurasian, native; male, female; adult, juvenile.)

	TABLE.	PAGE
Jails by administrations	K	94
Ratios of administrations	XL	95
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Simple continued fever by months, jails, groups, and administrations	XLVIII	120—121
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Pneumonia by months, jails, groups, and administrations	LI	126—129
Dysentery by months, jails, groups, and administrations	LII	126—129

IV.—TROOPS AND PRISONERS 1904.

Detail of diseases	LIII	130—140

NOTE—In the tables for European troops, Native troops, and for prisoners, the months mentioned are calendar months.

TABLE G.

*Grouping of Diseases in the Main Tables for 1904.**

Head of Disease.	Includes or includes also	
Cholera	Choleraic diarrhœa.	
Heat-stroke	Sunstroke and Heat-Apoplexy.	
Alcoholism	Delirium tremens. Alcoholic Poisoning.	
Tubercle of the lungs	Tubercular Phthisis, and Hæmoptysis due to tubercle.	
Other Respiratory Diseases.	Includes Hæmoptysis and Cirrhosis of the lung not due to tubercle, and excludes Pneumonia and Tubercular Phthisis.	
Anæmia and Debility	Old age (Tables for men and women). Immaturity at birth (Tables for children).	
Diarrhœa	Epidemic Diarrhœa.	
Hepatic Congestion and Inflammation.	Congestion of liver, Hepatitis, Perihepatitis; but excludes Cirrhosis of liver.	
Venereal Diseases	Primary syphilis, Secondary syphilis; Gonorrhœa, and Soft Chancre, which include also their sequelæ.	
Guinea-Worm and Other Entozoa	The entozoa numbered from 1 to 56, 67 to 81: also Nos. 105 and 106.	
Phagedæna, Slough, and Gangrene.	Nomenclature of 1896, Nos. 25*a* and *b*, 800, and 847.	These two headings appear only in jail tables.
Abscess, Ulcer, and Boil	Nomenclature of 1896, Nos. 799, 843, and 845.	
Abortion and Puerperal Affections.	Nomenclature of 1896, Nos. 700 and 706 to 718, and any other diseases stated by medical officers to have been puerperal.	
Other Diseases Peculiar to Women.	Nomenclature of 1896, No. 426, Vomiting of Pregnancy, Nos. 632 to 699, 701 to 705, and 719 to 730.	

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* For details of individual diseases, see Table LIII.

I.—EUROPEAN TROOPS, 1904.

A. MEN.

TABLE D.

STATIONS by COMMANDS OR DIVISIONS.

Stations.	Height above sea level in feet.*	Authority for height.†
Northern Command :—		
Peshawar	1,165	S. G.
Nowshera	1,100	M. O.
Rawalpindi	1,707	S. G.
Campbellpur	1,200	M. O.
Attock	891	S. G.
Sialkot	829	,,
Mian Mir	706	,,
Fort Lahore	706	,,
Mooltan	402	,,
Ferozepore	645	,,
Jullundur	900	,,
Amritsar	756	,,
Ambala	902	,,
‡ Cherat	4,520	,,
‡ Khyragully	8,746	,,
‡ Baragully	7,800	M. O.
‡ Kuldunnah	7,049	S. G.
‡ Kalabagh	7,936	I. B.
‡ Gharial	5,112	S. G.
‡ Thobba	7,133	I. B.
‡ Upper Topa	7,000	M. O.
‡ Lower Topa	7,320	I. B.
‡ Khan Spur	7,500	M. O.
‡ Dagshai	5,982	S. G.
‡ Solon	5,166	,,
‡ Subathu	4,124	,,
‡ Jutogh	6,371	,,
Murree Convalescent Depôt	7,098	,,
Dalhousie ,, ,,	6,732	,,
Kasauli ,, ,,	5,971	,,
Western Command :—		
Quetta	5,511	S. G.
Kurrachee	28	,,
Hyderabad (Sind)	134	I. B.
Mhow	1,903	S. G.
Indore	1,806	,,
Taragarh Sanitarium	2,855	,,
Western Command :—*contd.*		
Ahmedabad	170	S. G.
Kamptee	941	,,
Sitabaldi	1,236	,,
Nasirabad	1,461	,,
Neemuch	1,613	,,
Deesa	468	,,
Jhansi	860	,,
Nowgong	770	I. B.
Jubbulpore	1,306	S. G.
Saugor	1,753	,,
Poona	1,909	,,
Kirkee	1,837	,,
Colaba (Bombay)	20	,,
Deolali Depôt	1,829	,,
Mount Abu Sanitarium	3,960	,,
Pachmarhi ,,	3,481	,,
Purandhur ,,	4,564	,,
Khandalla ,,	2,000	M. O.
Ahmednagar	2,125	S. G.
Satara	2,183	,,
Belgam	2,473	,,
Aden	26	,,
Eastern Command :—		
Meerut	739	S. G.
Delhi	715	,,
Muttra	576	,,
Agra	554	,,
Bareilly	560	,,
Shahjahanpur	507	,,
Roorkee	884	,,
Lucknow	400	,,
Sitapur	449	,,
Fatehgarh	444	I. B.
Fort William (Calcutta)	17	S. G.
Fort Fulta	18	,,
Fort Chingrikhal	...	...
Dum-Dum	...	...
Eastern Command :—*contd.*		
Barrackpore	24	S. G.
Dinapore	...	...
Allahabad	298	S. G.
Fort Allahabad	298	,,
Benares	256	,,
Cawnpore	417	,,
Fyzabad	336	,,
‡ Lebong	6,000	I. B.
Landour Convalescent Depôt	7,362	S. G.
Naini Tal ,, ,,	6,400	,,
Darjeeling ,, ,,	7,168	,,
‡ Ranikhet	5,983	,,
‡ Chaubuttia	6,942	,,
‡ Chakrata	6,885	,,
Secunderabad Division :—		
Secunderabad	1,732	S. G.
Bellary	1,483	,,
Bangalore	3,021	,,
Madras	15	,,
St. Thomas' Mount	250	,,
Pallavaram	74	,,
Cannanore	47	,,
Calicut	27	M. D.
Mallapuram	500	M. O.
‡ Ramandrug	3,150	S. G.
‡ Wellington	6,160	,,
Poonamallee Depôt	50	M. O
Burma Division :—		
Mandalay (Fort Dufferin)	249	S. G.
Shwebo	600	M. O.
Bhamo	351	S. G.
Meiktila	298	,,
Thayetmyo	145	,,
Rangoon	14	,,
Port Blair	85	,,
‡Maymyo	3,600	,,

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* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.

† S. G. = Surveyor-General of India ; I. B. = Intelligence Branch of the Quarter-Master-General's Department ; M. D. = Meteorological Department ; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

These are the official " Hill Stations."

TABLE I.

RATIOS OF COMMANDS AND DIVISIONS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	Ratios per 1,000 of the average strength.					
	Northern Command.	Western Command.	Eastern Command.	Secunderabad Division.	Burma Division.	India.*
I.—Strength	18,297	19,699	18,648	8,226	3,782	71,083
II.—† Constantly-sick-rate of each month—						
January	61·2	69·4	62·8	68·5	82·3	61·9
February	55·4	66·3	54·9	63·9	72·7	58·3
March	44·6	62·2	49·8	56·3	65·4	52·4
April	46·9	63·4	54·6	58·7	71·6	55·6
May	54·3	58·3	56·7	50·0	70·1	56·3
June	56·1	57·2	60·1	55·5	68·1	57·8
July	53·0	56·2	57·7	60·7	72·7	56·9
August	54·8	59·9	57·4	65·4	71·2	58·9
September	48·4	61·1	60·9	69·0	62·1	58·1
October	47·3	57·3	62·7	60·2	59·8	55·7
November	53·9	59·2	68·0	67·3	56·2	56·8
December	55·9	54·7	67·4	67·6	57·3	55·2
Of the Year	52·6	60·4	59·1	61·8	67·4	57·0
III.—Admission-rate of the year—						
Influenza	11·7	·7	5·6	·6	3·2	4·9
Cholera	...	·6	·2	...	...	·2
Small-pox	·5	·6	1·3	...	...	·7
Enteric Fever	20·6	20·1	21·2	22·4	3·7	19·6
Intermittent Fever	202·2	212·0	129·2	100·4	149·9	174·0
Remittent Fever	2·3	3·8	4·7	1·6	6·1	3·4
Simple Continued Fever	21·0	16·5	37·5	14·7	39·7	23·7
Tubercle of the lungs	3·7	2·4	2·4	3·2	3·4	2·8
Pneumonia	4·1	4·1	2·5	2·8	1·6	3·4
Other Respiratory Diseases	19·3	23·4	17·3	26·3	35·4	21·4
Dysentery	7·5	11·8	15·6	17·5	13·2	12·6
Diarrhœa	12·8	11·9	13·9	11·4	20·1	13·1
Hepatic Abscess	2·6	2·8	2·5	2·8	2·4	2·6
„ Congestion and Inflammation	15·3	12·8	26·7	8·9	6·9	16·1
Venereal Diseases	143·5	195·5	229·0	218·6	344·5	198·5
All Causes	880·6	909·5	886·9	913·6	1,099·4	900·4
IV.—Death-rate of the year—						
Cholera	...	·30	·21	...	·26	·15
Small-pox	·05	...	·16	...	...	·06
Enteric Fever	4·26	3·96	4·34	3·28	·26	3·76
Intermittent Fever	·16	·36	·27	...	·26	·24
Remittent Fever	·05	...	·16	·24	·26	·10
Simple Continued Fever	...	...	...	...	...	...
Heat-stroke	1·04	·25	·32	...	·26	·49
Circulatory Diseases	·60	1·12	·43	·49	·79	·69
Tubercle of the lungs	·49	·61	·21	...	·53	·38
Pneumonia	·87	·51	·21	·24	·53	·52
Other Respiratory Diseases	·05	·05	·21	...	·26	·10
Dysentery	·22	·41	·70	·12	·79	·42
Diarrhœa	...	...	...	...	...	...
Hepatic Abscess	·87	1·88	1·56	1·34	·79	1·36
All Causes	11·15	12·39	11·10	7·29	9·25	10·83
V.—Percentage in 100 admissions—						
Influenza	1·33	·07	·63	·07	·29	·55
Cholera	...	·07	·02	...	...	·02
Small-pox	·06	·07	·15	...	...	·08
Enteric Fever	2·34	2·21	2·39	2·45	·34	2·18
Intermittent Fever	22·96	23·31	14·57	10·99	13·64	19·33
Remittent Fever	·26	·41	·53	·17	·55	·38
Simple Continued Fever	2·38	1·81	4·23	1·61	3·61	2·63
Tubercle of the lungs	·42	·27	·27	·35	·31	·32
Pneumonia	·47	·45	·28	·31	·14	·37
Other Respiratory Diseases	2·20	2·57	1·95	2·87	3·22	2·37
Dysentery	·86	1·30	1·76	1·92	1·20	1·40
Diarrhœa	1·46	1·31	1·57	1·25	1·83	1·45
Hepatic Abscess	·30	·31	·28	·31	·22	·29
„ Congestion and Inflammation	1·74	1·41	3·01	·97	·63	1·78
Venereal Diseases	16·29	21·50	25·82	23·93	31·34	22·05
VI.—Percentage in 100 deaths—						
Cholera	...	2·5	1·9	...	2·9	1·4
Small-pox	·5	...	1·4	...	...	·5
Enteric Fever	38·2	32·0	39·1	45·0	2·9	34·7
Intermittent Fever	1·5	2·9	2·4	...	2·9	2·2
Remittent Fever	·5	...	1·4	3·3	2·9	·9
Simple Continued Fever	...	...	...	...	...	...
Heat-stroke	9·3	2·0	2·9	...	2·9	4·5
Circulatory Diseases	5·4	9·0	3·9	6·7	8·6	6·4
Tubercle of the lungs	4·4	4·9	1·9	...	5·7	3·5
Pneumonia	7·8	4·1	1·9	3·3	5·7	4·8
Other Respiratory Diseases	·5	·4	1·9	...	2·9	·9
Dysentery	2·0	3·3	6·3	1·7	8·6	3·9
Diarrhœa	...	...	...	...	...	...
Hepatic Abscess	7·8	15·2	14·0	18·3	8·6	12·6

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* Including troops on the line of march, Aden Column Field Force and Sikkim-Tibet Mission Force. For complete detail of disease see Table LIII.

† Worked on the aggregates.

EUROPEAN TROOPS, 1904.

TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III. **The actuals will be found in Table IV.**

	Ratios per 1,000 of the Average Strength.												
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XII*a*	XII*b*	
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts, and Sanitaria.	India.*
I.—Strength	1,099	2,338	1,617	6,707	13,776	4,905	6,238	10,029	1,645	3,791	10,772	3,551	71,083
II.—†Constantly-sick-rate of each month—													
January	113·8	73·5	73·6	56·7	64·8	55·9	76·3	70·0	56·1	51·9	54·5	78·2	61·9
February	111·8	54·3	82·0	48·7	55·9	49·3	70·9	71·6	63·9	44·7	49·9	75·0	58·3
March	94·9	52·4	80·3	49·3	49·0	40·9	69·3	59·1	66·8	41·2	36·4	59·5	52·4
April	106·9	54·8	71·6	60·1	51·5	47·5	71·1	56·4	61·3	50·5	41·9	60·8	55·6
May	91·5	59·5	74·8	62·9	55·3	53·3	65·3	48·1	63·3	40·6	46·7	68·5	56·3
June	101·8	52·9	68·0	67·0	58·6	54·6	58·4	51·8	53·0	44·8	52·7	72·3	57·8
July	103·1	59·9	80·1	59·7	58·7	51·9	57·8	51·3	57·4	51·5	49·2	69·2	56·9
August	96·1	60·4	96·5	54·8	63·8	62·9	69·4	53·0	52·7	56·2	47·1	70·6	58·9
September	77·4	54·1	107·6	65·0	57·9	62·3	71·2	54·6	50·3	62·0	42·5	73·1	58·1
October	62·5	57·7	94·9	64·2	49·4	53·8	70·8	47·3	66·1	53·2	43·9	82·9	55·7
November	57·9	54·0	94·6	67·4	55·4	56·1	78·4	52·1	72·0	56·4	53·9	86·4	56·8
December	59·8	59·7	82·0	65·0	57·7	55·6	72·4	49·7	67·6	62·0	49·1	89·2	55·2
Of the Year	89·7	57·6	83·0	60·0	56·3	53·2	69·2	55·2	61·2	51·1	46·8	71·8	57·0
III.—Admission-rate of the Year—													
Influenza	10·0	·4	29·7	2·7	13·1	...	1·0	...	1·2	1·3	5·1	6·2	4·9
Cholera	...	...	1·9	...	...	...	...	1·2	...	...	·1	...	·2
Small-pox	...	...	1·2	·6	·7	·4	2·4	1·0	...	...	·2	...	·7
Enteric Fever	7·3	2·6	5·6	29·8	27·5	7·3	26·1	21·3	3·0	23·7	14·7	23·4	19·6
Intermittent Fever	111·0	154·8	155·2	129·3	208·8	198·0	292·7	158·1	97·9	102·1	68·0	207·5	174·0
Remittent Fever	14·6	2·1	28·4	2·4	1·4	5·1	3·2	5·5	·6	1·8	2·0	1·7	3·4
Simple Continued Fever	99·2	17·5	44·5	69·8	15·3	28·5	8·0	15·8	1·8	7·4	31·0	16·1	23·7
Rheumatic Fever	...	·4	·6	·1	·7	·8	·3	·7	...	...	·7	·6	·5
Tubercle of the lungs	4·5	2·6	3·7	2·1	2·6	3·1	·8	1·9	7·3	4·5	2·8	7·6	2·8
Pneumonia	2·7	1·3	1·9	1·5	3·0	4·5	3·5	3·5	1·2	2·4	5·1	5·4	3·4
Other Respiratory Diseases	64·6	24·0	27·8	15·4	18·2	15·3	18·0	25·3	24·3	15·3	23·9	34·4	21·4
Dysentery	22·7	9·8	16·7	20·6	11·4	4·7	13·3	16·0	6·1	14·5	6·7	11·5	12·6
Diarrhœa	43·7	10·3	20·4	13·0	13·2	6·7	13·1	8·3	12·8	18·7	16·4	12·1	13·1
Hepatic Abscess	2·7	·9	3·7	3·6	2·1	1·8	2·6	3·3	·6	1·6	2·4	4·8	2·6
Hepatic Congestion and Inflammation	5·5	7·3	19·8	53·7	14·4	6·9	10·6	10·1	10·9	7·1	14·9	24·8	16·1
Venereal Diseases	419·5	275·0	369·2	175·0	176·8	162·3	270·6	201·7	303·3	209·2	170·3	181·6	198·5
All Causes	1,468·6	917·9	1,244·3	918·7	918·6	813·3	1,110·0	888·6	846·2	831·8	723·7	952·4	900·4
IV.—Death-rate of the Year—													
Cholera	·91	...	1·86	...	...	...	...	·60	...	...	·09	...	·15
Small-pox	...	...	...	·15	·07	...	·32	...	...	...	...	...	·06
Enteric Fever	·91	...	·62	5·67	6·53	1·63	7·21	4·09	·61	2·37	1·49	3·38	3·76
Intermittent Fever	·91	...	·62	·30	·29	...	...	...	...	...	·09	...	·24
Remittent Fever	...	·43	1·24	...	·07	...	...	...	...	·26	·09	...	·10
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	·43	·62	·30	·94	1·22	·96	...	...	...	...	...	·49
Circulatory Diseases	·91	·43	...	·45	·58	1·02	·48	1·30	·61	·53	·46	·56	·69
Tubercle of the lungs	·91	...	·62	...	·51	·61	·16	·10	3·04	...	·19	·28	·38
Pneumonia	·91	·43	...	·30	·65	1·02	·64	·20	·61	·53	·46	·28	·52
Other Respiratory Diseases	·91	...	...	·30	·15	·20	·16	...	...	...	...	...	·10
Dysentery	·91	·86	·62	·45	·65	...	·32	·60	...	...	·46	...	·42
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	..	...
Hepatic Abscess	1·82	...	1·24	1·79	1·09	1·02	1·92	2·29	·61	·79	·74	1·13	1·36
All Causes	12·74	7·27	8·66	12·23	14·23	9·38	16·35	10·77	9·73	5·54	5·57	9·01	10·83
V.—Percentage in 100 admissions—													
Influenza	·68	·05	2·39	·29	1·43	...	·09	...	·14	·15	·71	·65	·55
Cholera	...	...	·15	...	...	...	...	·13	...	...	·01	..	·02
Small-pox	...	...	·10	·06	·08	·05	·22	·11	...	...	·03	...	·08
Enteric Fever	·50	·28	·45	3·25	2·99	·90	2·35	2·40	·36	2·69	2·03	2·45	2·18
Intermittent Fever	7·56	16·87	12·48	14·07	22·73	24·34	26·37	17·80	11·56	11·58	9·40	21·79	19·33
Remittent Fever	·99	·23	2·29	·26	·15	·63	·29	·62	·07	·21	·28	·18	·38
Simple Continued Fever	6·75	1·91	3·58	7·59	1·67	3·51	·72	1·77	·22	·84	4·28	1·69	2·63
Rheumatic Fever	...	·05	·05	·02	·08	·10	·03	·08	...	...	·10	·06	·06
Tubercle of the lungs	·31	·28	·30	·23	·28	·38	·07	·21	·86	·51	·38	·80	·32
Pneumonia	·19	·14	·15	·16	·32	·55	·32	·39	·14	·27	·71	·56	·37
Other Respiratory Diseases	4·40	2·61	2·24	1·67	1·98	1·88	1·62	2·85	2·87	1·73	3·30	3·61	2·37
Dysentery	1·55	1·07	1·34	2·24	1·24	·58	1·20	1·80	·72	1·65	·92	1·21	1·40
Diarrhœa	2·97	1·12	1·64	1·41	1·44	·83	1·18	·93	1·51	2·12	2·27	1·27	1·45
Hepatic Abscess	·19	·09	·30	·39	·23	·23	·23	·37	·07	·18	·33	·50	·29
Hepatic Congestion and Inflammation	·37	·79	1·59	5·84	1·57	·85	·95	1·13	1·29	·81	2·05	2·60	1·78
Venereal Diseases	28·56	29·96	29·67	19·05	19·25	19·95	24·38	22·70	35·85	23·72	23·54	19·07	22·05
VI.—Percentage in 100 deaths—													
Cholera	7·1	...	21·4	...	...	...	...	5·6	...	...	1	...	1·4
Small-pox	...	...	...	1·2	·5	...	2·0	...	...	...	...	...	·5
Enteric Fever	7·1	...	7·1	46·3	45·9	17·4	44·1	38·0	6·2	42·9	26·7	37·5	34·7
Intermittent Fever	7·1	...	7·1	2·4	2·0	...	...	...	...	...	1·7	...	2·2
Remittent Fever	...	5·9	14·3	...	·5	...	...	...	...	4·8	1·7	...	·9
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...		...	...
Heat-stroke	...	5·9	7·1	2·4	6·6	13·0	5·9	...	...	...	...	...	4·5
Circulatory Diseases	7·1	5·9	...	3·7	4·1	10·9	2·9	12·0	6·2	9·5	8·3	6·2	6·4
Tubercle of the lungs	7·1	...	7·1	...	3·6	6·5	1·0	·9	31·3	...	3·3	3·1	3·5
Pneumonia	7·1	5·9	...	2·4	4·6	10·9	3·9	1·9	6·2	9·5	8·3	3·1	4·8
Other Respiratory Diseases	7·1	...	...	2·4	1·0	2·2	1·0	...	...	...	...	...	·9
Dysentery	7·1	11·8	7·1	3·7	4·6	...	2·0	5·6	...	...	8·3	...	3·9
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	14·3	...	14·3	14·6	7·7	10·9	11·8	21·3	6·2	14·3	13·3	12·5	12·6

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* For complete detail of diseases, see Table LIII.

† Worked on the aggregates.

EUROPEAN TROOPS, 1904.

TABLE III.

RATIOS of STATIONS, GROUPS, COMMANDS and DIVISIONS. **For actuals see Table IV.**

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
		1. ADMISSION-RATE. 2. DEATH-RATE.																						
Port Blair	139	...	...	...	...	21·6	107·9	28·8	...	...	...	...	...	50·4	...	...	...	...	251·8	690·6	40·3	100·7	43·2	107·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7·19		...	...	...
Rangoon	960	11·5	...	...	8·3	124·0	1·0	100·4	...	1·0	16·7	5·2	3·1	66·7	26·0	50·0	3·1	6·2	443·8	1,581·2	96·9	111·5	142·7	189·6
		...	1·04	...	1·04	1·04	...	...	...	...	1·04	1·04	1·04	1·04	1·04	...	2·08	...	...	13·54		...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	* 1,099	10·0	...	...	7·3	111·0	14·6	99·2	...	·9	14·6	4·5	2·7	64·6	22·7	43·7	2·7	5·5	419·5	1,468·6	† 89·7	110·1	130·1	179·3
		...	·91	...	·91	·91	...	...	...	...	·91	·91	·91	·91	·91	...	1·82	...	...	12·74		...	...	...
Thayetmyo	549	1·8	...	...	3·6	367·9	...	...	...	...	9·1	...	...	25·5	14·6	20·0	1·8	10·9	202·2	1,100·2	41·0	40·1	31·0	131·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	3·64	...	...	...	...	12·75		...	...	...
Meiktila	389	...	...	...	2·6	15·4	2·6	79·7	...	...	12·9	...	2·6	5·1	5·1	18·0	...	2·6	380·5	858·6	64·9	113·1	123·4	144·0
		...	...	...	...	...	...	...	...	...	...	...	2·57	...	...	...	...	...	...	5·14		...	...	...
Fort Dufferin	609	...	...	...	1·6	105·1	...	8·2	1·6	1·6	14·8	9·9	3·3	14·8	1·6	1·6	...	11·5	312·0	832·7	70·5	59·1	128·1	124·8
		...	...	...	...	...	...	...	...	1·64	1·64	...	...	...	...	...	...	...	...	4·93		...	...	...
Shwebo	562	...	...	...	3·6	55·2	5·3	8·9	...	...	19·6	...	...	46·3	19·6	3·6	...	5·3	254·4	871·9	48·2	92·5	62·3	99·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·34		...	...	...
Bhamo	231	...	...	...	...	255·4	4·3	...	...	...	21·6	...	...	21·6	4·3	13·0	4·3	...	220·8	939·4	51·5	90·9	69·3	60·6
		...	...	...	...	...	4·33	...	...	...	...	...	...	...	...	...	...	...	...	8·66		...	...	...
GROUP II.—BURMA INLAND.	* 2,338	·4	...	...	2·6	154·8	2·1	17·5	·4	·4	15·0	2·6	1·3	24·0	9·8	10·3	·9	7·3	275·0	917·9	† 57·6	74·9	83·0	117·2
		...	...	...	...	...	·43	...	...	·43	·43	...	·43	...	·86	...	...	...	...	7·27		...	...	...
Fort William	1,035	45·4	2·9	1·9	2·9	130·4	19·3	45·4	1·0	1·0	27·1	4·8	1·0	25·1	9·7	19·3	...	2·9	425·1	1,273·4	92·0	57·0	181·6	186·5
		...	2·90	...	...	...	1·93	...	...	...	...	·97	...	...	...	...	...	...	·97	7·73		·97	...	...
„ Fulta	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	32·3	...	...	387·1	548·4	2·3	161·3	96·8	129·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
„ Chingrikhal.	74	...	...	...	...	135·1	...	13·5	...	...	...	...	...	...	...	13·5	...	13·5	108·1	648·6	4·9	13·5	54·1	40·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Dum-Dum	241	...	...	...	...	112·0	20·7	...	...	...	12·4	4·1	8·3	62·2	...	29·0	4·1	78·8	249·0	962·7	64·6	91·3	70·5	87·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Barrackpore	236	4·2	...	...	25·4	334·7	89·0	101·7	...	4·2	8·5	...	...	16·9	72·0	16·9	21·2	38·1	326·3	1,682·2	97·5	152·5	50·8	122·9
		...	...	...	4·24	4·24	...	...	...	4·24	...	...	...	...	4·24	...	8·47	...	...	25·42		...	...	...
GROUP IV.—BENGAL AND ORISSA	* 1,617	29·7	1·9	1·2	5·6	155·2	28·4	44·5	·6	1·2	20·4	3·7	1·9	27·8	16·7	20·4	3·7	19·8	369·2	1,244·3	† 83·0	76·1	138·5	154·6
		...	1·86	...	·62	·62	1·24	...	...	·62	...	·62	...	...	·62	...	1·24	...	·62	8·66		·62	...	...
B																								
Dinapore	551	...	...	1·8	41·7	217·8	23·6	96·2	...	1·8	5·4	1·8	1·8	21·8	32·7	18·1	10·9	·1	250·5	1,208·7	77·1	34·5	128·9	87·1
		...	...	1·81	16·33	1·81	...	...	...	...	1·81	...	...	...	1·81	...	9·07	...	...	39·93		...	...	...
Benares	145	...	...	...	13·8	82·8	...	62·1	...	...	48·3	...	...	20·7	...	41·4	...	34·5	193·1	896·6	63·8	41·4	48·3	103·4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..		...	...	...
Allahabad	727	...	...	2·8	5·5	141·7	4·1	33·0	...	1·4	9·6	2·8	...	5·5	9·6	4·1	1·4	5·5	257·2	847·3	67·6	63·3	90·8	103·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·38	...	...	5·50		...	...	...
Fort Allahabad.	172	...	...	...	...	377·9	...	110·5	...	11·6	5·8	...	...	5·8	...	...	...	5·8	203·5	1,116·3	58·0	11·6	93·0	98·8
		...	...	...	...	5·81	..	...	...	...	...	...	...	...	...	...	...	...	...	11·63		...	...	...
Fyzabad	1,011	...	...	...	13·8	149·4	...	73·2	...	...	17·8	1·0	2·0	15·8	16·8	17·8	...	8·9	207·7	941·6	55·2	45·5	54·4	107·8
		...	...	...	3·96	...	...	...	...	...	...	...	·99	...	·99	...	...	...	...	6·92		...	...	...
Sitapur	453	...	...	...	4·4	44·2	...	66·2	...	...	6·6	2·2	...	15·5	2·2	...	...	19·9	66·2	565·1	35·2	35·3	11·0	19·9
		...	...	...	2·21	...	...	...	...	...	...	...	...	...	...	...	...	..	...	4·42		...	...	...
Lucknow	2,580	5·8	...	...	51·6	45·0	...	96·9	...	5·8	7·4	1·2	1·9	16·3	30·6	15·5	5·8	119·0	119·8	885·3	61·3	18·2	22·9	78·7
		...	...	...	6·59	...	...	...	...	·39	·39	...	·39	·39	·39	...	1·94	...	...	13·18		...	...	...
Cawnpore	874	...	...	...	9·2	192·2	...	...	1·1	9·2	17·2	5·7	2·3	19·5	14·9	10·3	2·3	20·5	238·0	946·2	59·5	37·8	48·1	152·2
		...	...	...	...	...	...	...	...	1·14	...	...	...	1·14	...	...	1·14	...	...	5·72		...	...	...
Fatehgarh	193	15·5	...	5·2	72·5	580·3	...	46·6	...	...	...	5·2	...	5·2	15·5	5·2	...	10·4	150·3	1,238·3	49·3	5·2	15·5	129·5
		...	...	...	25·91	...	...	...	...	...	...	...	...	...	...	...	...	...	...	31·09		...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	* 6,707	2·7	...	·6	29·8	129·3	2·4	69·8	·1	4·0	10·9	2·1	1·5	15·4	20·6	13·0	3·6	53·7	175·0	918·7	† 60·0	32·2	48·3	94·5
		...	...	·15	5·67	·30	...	...	..	·30	·45	...	·30	·30	·45	...	1·79	...	...	12·23		...	...	...

* Derived from the aggregates. † Worked on the aggregates.

TABLE III—*continued.*

RATIOS of STATIONS, GROUPS, COMMANDS and DIVISIONS. **For actuals see Table IV.**

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																			Constantly Sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.		Primary Syphilis.	Soft Chancre.	Gonorrhœa.
A Shahjahanpur.	562	...	...	3·6	1·8	110·3	1·8	5·3	...	5·3	7·1	...	1·8	8·9	8·9	10·7	...	3·6	210·0	786·5	45·2	28·5	40·9	140·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Bareilly .	1,102	...	...	...	10·9	92·6	...	65·3	...	·9	13·6	3·6	..	28·1	20·9	13·6	·9	19·1	180·6	827·6	34·2	49·9	18·1	112·5
		...	...	...	6·35	...	...	...	...	...	...	...	...	...	...	...	·91	...	...	9·07		...	...	...
Roorkee .	396	...	...	...	17·7	328·3	2·5	...	...	...	7·6	..	...	15·2	5·1	30.3	2·5	7·6	244·9	941·9	53·9	32·8	78·3	133·8
		...	...	...	2·53	2·53	...	...	...	...	...	...	...	...	...	...	5·05	...	...	12·63		...	...	...
Meerut .	1,893	...	...	1·1	44·9	108·8	·5	...	·5	1·6	8·5	2·6	6·3	13·7	19·0	5·3	2·1	7·9	209·7	731·6	68·0	51·8	46·0	112·0
		...	...	...	11·62	...	...	...	...	...	·53	·53	·53	·53	2·64	...	2·11	...	·53	20·60		·53	...	...
Delhi .	279	...	...	...	7·2	494·6	7·2	...	...	...	17·9	3·6	10·8	14·3	...	14·3	...	...	265·2	1,218·6	64·0	53·8	78·9	132·6
		...	...	...	...	...	...	...	...	...	...	3·58	...	...	...	...	...	...	3·58	17·92		3·58	...	...
Ambala .	2,579	66·3	...	·4	40·7	165·2	3·1	8·5	...	45·0	9·7	1·6	3·5	17·8	14·7	15·9	4·3	9·7	217·1	1,074·4	56 7	44·2	74·4	98·5
		...	...	...	9·31	...	...	...	...	1·16	1·16	·39	1·16	·39	...	...	1·16	...	...	17·06		...	...	...
B Jullundur .	606	...	...	...	34·7	216·2	...	3·3	...	...	18·2	1·7	1·7	24·8	9·9	9·9	1·7	8·3	123·8	825·1	49·1	42·9	6·6	74·3
		...	...	...	1·05	1·65	...	...	...	...	1·65	...	1·65	...	...	...	1·65	...	...	13·20		...	...	...
Ferozepore .	835	...	...	1·2	10·8	340·1	...	...	...	9·6	4·8	3·6	...	8·4	8·4	29·9	1·2	8·4	179·6	982·0	50·6	61·1	24·0	94·6
		...	...	...	4·79	2·40	...	...	...	3·59	1·20	1·20	...	...	...	...	1·20	...	...	14·37		...	...	...
Amritsar .	176	...	...	...	5·7	96·6	...	5·7	...	...	11·4	...	...	28·4	5·7	5·7	...	28.4	142·0	727·3	42·7	68·2	22·7	51·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	5·68	...	...	...	5·68	11·36		5·68	...	...
Mian Mir .	676	3·0	...	...	14·8	507·4	...	76·9	...	19·2	7·4	4·4	3·0	28·1	8·9	14·8	4·4	38·5	199·7	1,352·1	75·3	69·5	41·4	88·8
		...	...	...	5·92	...	...	...	...	5·92	...	1·48	...	...	...	...	...	...	...	14·79		...	...	...
Fort Lahore	96	31·2	...	...	20·8	875·0	...	20·8	...	10·4	...	...	10·4	20·8	31·2	...	10·4	20·8	83·3	1,489·6	39·2	10·4	20·8	52·1
		...	...	...	...	...	...	...	...	10·42	...	...	...	...	...	...	...	...	...	10·42		...	...	...
Sialkot .	1,252	...	...	·8	29·6	158·9	1·6	17·6	·8	12·0	19·2	4·0	1·6	25·6	8·8	11·2	2·4	4·0	74·3	794·7	45·7	17·6	28·0	28·8
		...	...	·80	7·19	...	...	...	...	·80	...	...	...	...	1·60	...	·80	...	·80	13·58		·80	...	...
Rawalpindi .	2,873	1·7	...	1·0	29·2	206·4	1·0	1·0	·7	1·4	7·7	2·4	2·4	16·4	6·6	11·8	1·0	25·1	158·7	854·2	60·5	55·3	33·1	70·3
		...	...	...	5·92	...	·35	...	...	...	·35	·70	1·04	...	·35	...	·70	...	·35	12·53		·35	...	...
Campbellpur	228	...	...	...	...	83·3	...	140·4	...	4·4	4·4	4·4	...	4·4	...	13·2	...	13·2	48·2	653·5	37·4	17·5	8·8	21·9
		...	...	...	4·39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8·77		...	...	...
Attock .	223	...	...	...	13·5	641·3	4·5	...	26·9	4·5	13·5	9·0	13·5	22·4	...	4·5	...	35·9	170·4	1,475·3	58·8	22·4	44·8	103·1
		...	...	...	...	...	...	...	...	4·48	...	...	4·48	...	...	...	...	...	...	22·42		...	...	...
Group VI.—Upper Sub-Himalaya.	* 13,776	13·1	...	·7	27·5	208·8	1·4	15·3	·7	12·0	10·2	2·6	3·0	18·2	11·4	13·2	2·1	14·4	176·8	918·6	† 56·3	46·3	41·7	88·8
		...	...	·07	6·53	·29	·07	...	...	·94	·58	·51	·65	·15	·65	...	1·09	...	·36	14·23		·36	...	...
A Nowshera .	698	...	...	...	10·0	117·5	4·3	37·2	1·4	7·2	8·6	1·4	8·6	8·6	8·6	4·3	1·4	2·9	159·0	597·4	38·2	18·6	35·8	104·6
		...	...	...	2·87	...	...	...	...	1·43	...	...	1·43	...	...	...	1·43	...	...	10·03		...	...	...
Peshawar .	1,576	...	...	·6	12·7	264·6	12·1	56·5	1·3	2·5	15.2	1·3	4·4	14·0	3·8	6·3	1·3	5·1	105·3	819·2	48·5	18·4	13·3	73·6
		...	...	...	1·90	...	...	...	...	1·90	1·90	·63	·63	...	...	...	·63	...	·63	9·52		...	...	...
Mooltan .	915	...	...	1·1	...	269·9	...	18·6	1·1	13·1	9·8	6·6	6·6	20·8	3·3	10·9	1·1	6·6	136·6	1,008·7	53·7	30·6	28·4	77·6
		...	...	...	...	...	...	...	...	2·19	...	1·09	2·19	...	...	...	1·09	...	...	10·93		...	...	...
C Hyderabad .	497	...	...	...	12·1	223·3	6·0	...	...	...	6·0	2·0	4·0	12·1	2·0	6·0	2·0	6·0	193·2	790·7	55·0	82·5	42·3	68·4
		...	...	...	2·01	...	...	...	...	...	...	2·01	2·01	2·01	...	...	2·01	...	...	12·07		...	...	...
Kurrachee .	1,218	...	...	...	2·5	93·6	...	6·6	...	2·5	30·4	4·1	·8	18·1	5·7	5·7	3·3	12·3	244·7	792·3	66·9	42·7	70·6	131·4
		...	...	...	1·64	...	...	...	...	...	1·64	...	...	...	...	...	·82	...	...	6·57		...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	* 4,905	...	...	·4	7·3	198·0	5 1	28·5	·8	4·9	16·1	3·1	4·5	15·3	4·7	6·7	1·8	6·9	162·3	8:3·3	† 53·2	33·2	36·5	92·6
		...	...	...	1·63	...	...	...	...	1·22	1·02	·61	1·02	·20	...	...	1·02	...	·20	9·38		·20	...	...
A Deesa .	208	...	...	...	14·4	201·9	...	14·4	...	...	19·2	...	14·4	19·2	...	14·4	...	...	168·3	788·5	45·0	52·9	43·3	72·1
		...	...	...	9·62	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·62		...	...	...
Ahmedabad	239	...	...	...	8·4	527·2	...	...	...	8·4	...	...	4·2	8·4	4·2	...	4·2	...	322·2	1,175·7	66·4	25·1	205·0	92·1
		...	...	...	8·37	...	...	...	...	8·37	...	...	4·18	...	...	...	4·18	...	...	33·47		...	...	...
B Neemuch .	345	...	...	...	20·3	371·0	...	...	2·9	...	5·8	5·8	2·9	5·8	23·2	2·9	...	2·9	284·1	1,173·9	63·4	34·8	110·1	139·1
		...	...	...	8·70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17·39		...	...	...
Nasirabad .	780	...	...	...	21·8	456·4	9·0	2·6	...	1·3	1·3	1·3	3·8	6·4	7·7	16·7	1·3	10·3	184·6	1,148·7	52·8	53·8	55·1	75·6
		...	...	...	5·13	...	...	...	...	1·28	..	...	1·28	...	...	...	1·28	...	1·28	14·10		...	...	...
Muttra .	499	...	...	4·0	14·0	168·3	6·0	14·0	...	2·0	2·0	...	8·0	20·0	22·0	10·0	2·0	4·0	384·8	1,138·3	62·9	108·2	160·3	116·2
		...	...	...	4·01	...	...	...	...	2·00	...	2·00	2·00	...	...	...	2·00	...	...	12·02		...	...	...
Agra .	1,109	2·7	...	10·8	25·2	268·7	...	26·1	...	7·2	10·8	...	1·8	10·8	7·2	1·8	1·8	12·6	421·1	1,161·4	72·2	76·6	136·2	208·3
		...	...	1·80	4·51	...	...	...	...	1·80	·90	...	...	·90	...	...	1·80	...	...	15·33		...	...	...

* Derived from the aggregates.

† Worked on the aggregates.

1. ADMISSION-RATE. 2. DEATH-RATE.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Jhansi	979	... ...	... ...	... ...	50·1 14·30	405·5 ...	8·2 ...	1·0 ...	... ...	2·0 ...	19·4 ...	... ...	2·0 ...	42·9 ...	18·4 2·04	17·4 ...	2·0 4·09	13·3 ...	259·4 ...	1,329·9 22·47	95·6	36·8 ...	110·3 ...	112·4 ...
Nowgong	321	... ...	... ...	... ...	9·3 ...	140·2 ...	... ...	6·2 ...	... ...	... ...	15·6 ...	... ...	... ...	12·5 ...	9·3 ...	6·2 ...	3·1 ...	31·2 ...	152·6 3·12	825·5 9·35	54·5	15·6 ...	68·5 ...	68·5 ...
Indore	131	7·6 ...	... ...	... ...	22·9 7·63	137·4 ...	... ...	... ...	... ...	... ...	7·6 ...	... ...	... ...	... ...	15·3 ...	7·6 ...	... ...	7·6 ...	282·4 ...	778·6 30·53	48·0	38·2 ...	106·9 ...	137·4 ...
Mhow	1,628	1·2 ...	... ...	·6 ...	27·0 7·37	203·9 ...	1·2 ..	3·7 ...	·6 ...	·6 ...	21·5 1·23	1·2 ...	3·7 ·61	19·0 ...	16·0 ...	23·3 ...	4·9 1·84	10·4 ...	205·8 ...	1,015·4 14·13	70·4	41·8 ...	62·0 ...	102·0 ...
GROUP VIII.—SOUTH-EAST RAJPUTANA, CENTRAL INDIA AND GUJARAT.	6,238	1· ...	... ...	2·4 ·32	26·1 7·21	292·7 ...	3·2 ...	8·0 ...	·3 ...	2·4 ·96	12·8 ·48	·8 ·16	3·5 ·64	18·0 ·16	13·3 ·32	13·1 ...	2·6 1·92	10·6 ...	270·6 ·32	1,110·0 16·35	† 69·2	51·9 ·32	98·6 ...	120·1 ...
A Saugor	267	... ...	... ...	... ...	7·5 ...	119·8 ...	... ...	26·2 ...	... ...	... ...	7·5 ...	3·7 ...	... ...	33·7 ...	15·0 ...	7·5 ...	3·7 3·75	22·5 ...	303·4 3·75	861·4 7·49	54·0	15·0 ...	176·0 ...	112·4 ...
Jubbulpore	740	... ...	... ...	... ...	23·0 4·05	135·1 ...	66·2 ...	56·8 ...	1·4 ...	23·0 ...	25·7 2·70	1·4 ...	1·4 ...	37·8 ...	44·6 2·70	8·1 ...	4·1 2·70	29·7 ...	243·2 ...	1,252·7 12·16	71·4	78·4 ...	36·5 ...	128·4 ...
Kamptee	1,029	... ...	... ...	... ...	8·7 1·94	276·0 ...	... ...	... ...	1·0 ·97	7·8 ...	8·7 1·94	1·9 ...	2·9 ...	28·2 ...	9·7 1·94	14·6 ...	1·9 1·94	8·7 ...	150·6 ...	1,040·8 11·66	48·9	30·1 ...	45·7 ...	74·8 ...
Sitabaldi	72	... ...	... ...	... ...	... ...	347·2 ...	... ...	... ...	... ...	13·9 ...	... ...	... ...	... ...	13·9 ...	13·9 ...	69·4 ...	13·9 ...	... ...	138·9 ...	1,069·4 ...	10·7	... ...	111·1 ...	27·8 ...
B Secunderabad.	3,060	... ...	... ...	... ...	23·2 4·90	90·6 ...	1·0 ...	27·1 ...	1·0 ...	3·3 ...	8·8 ·65	1·6 ...	2·9 ...	30·7 ...	19·6 ·33	·3 ...	3·3 1·96	8·8 ...	202·0 ·33	899·0 8·83	59·9	59·8 ·33	41·2 ...	101·0 ...
Belgam	1,013	... ...	... ...	... ...	12·8 1·97	183·6 ...	2·0 ...	13·8 ...	1·0 ...	... ...	8·9 1·97	2·0 ...	2·0 ...	24·7 ...	... ...	1·0 ...	3·0 ·99	6·9 ...	122·4 ...	645·6 6·91	36·4	30·6 ...	35·5 ...	56·3 ...
Satara	12	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	83·3 ...	... ...	... ...	... ...	... ...	833·3 ...	1,000·0 ...	96·7	666·7 ...	83·3 ...	83·3 ...
Poona	2,071	... ...	5·8 2·90	2·4 ...	33·8 5·79	121·1 ...	·5 ...	5·8 ...	... ...	3·4 ...	8·7 1·45	2·4 ·48	1·9 ·48	13·5 ...	21·7 ...	11·1 ...	4·8 3·38	5·3 ...	237·6 ...	774·0 15·93	58·3	55·5 ...	72·4 ...	109·6 ...
Kirkee	766	... ...	... ...	1·3 ...	39·2 7·83	92·7 ...	... ...	... ...	... ...	... ...	1·3 1·31	... ...	... ...	6·5 ...	3·9 1·31	28·7 ...	2·6 2·61	6·5 ...	185·4 ...	676·2 15·67	46·6	54·8 ...	60·1 ...	70·5 ...
Ahmednagar	1,001	... ...	... ...	4·0 ...	2·0 1·00	359·6 ...	... ...	... ...	1·0 ...	1·0 ...	22·0 1·00	3·0 ...	16·0 1·00	34·0 ...	4·0 ..	8·0 ...	1·0 2·00	14·0 ...	210·8 ...	1,068·9 5·99	57·6	58·9 ...	36·0 ...	115·9 ...
GROUP IX.—DECCAN.	* 10,029	... ...	1·2 ·60	1·0 ...	21·3 4·09	158·1 ...	5·5 ...	15·8 ...	·7 ·10	4·4 ...	10·7 1·30	1·9 ·10	3·5 ·20	25·3 ...	16·0 ·60	8·3 ...	3·3 2·29	10·1 ...	201·7 ·20	888·6 10·77	†55·2	52·9 ·20	52·2 ...	96·5 ...
Colaba	1,296	1·5 ...	... ...	... ...	2·3 ·77	109·6 ...	... ...	... ...	... ...	·8 ...	32·4 ·77	7·7 3·86	1·5 ·77	23·9 ...	3·9 ...	12·3 ...	·8 ·77	11·6 ...	288·6 ·77	820·2 11·57	62·4	67·1 ·77	84·1 ...	137·3 ...
Cannanore	114	... ...	... ...	... ...	... ...	70·2 ...	... ...	17·5 ...	... ...	... ...	8·8 ...	8·8 ...	... ...	26·3 ...	17·5 ...	17·5 ...	... ...	26·3 ...	605·3 ...	1,193·0 ...	84·1	201·8 ...	184·2 ...	219·3 ...
Calicut	91	... ...	... ...	... ...	11·0 ...	22·0 ...	... ...	11·0 ...	... ...	... ...	33·0 ...	... ...	... ...	22·0 ...	33·0 ...	33·0 ...	... ...	... ...	252·7 ...	863·1 ...	55·7	44·0 ...	65·9 ...	142·9 ...
Mallapuram	144	... ...	... ...	... ...	6·9 ...	62·5 ...	6·9 ...	... ...	... ...	... ...	20·8 ...	6·9 ...	... ...	27·8 ...	... ...	... ...	... ...	... ...	229·2 ...	791·7 6·94	35·5	48·6 ...	6·9 ...	173·6 ...
GROUP X.—WESTERN COAST.	* 1,645	1·2 ...	... ...	... ...	3·0 ·61	97·9 ...	·6 ...	1·8 ...	... ...	·6 ...	29·8 ·61	7·3 3·04	1·2 ·61	24·3 ...	6·1 ...	12·8 ...	·6 ·61	10·9 ...	303·3 ·61	846·2 9·73	†61·2	73·6 ·61	83·3 ...	146·5 ...
A Bellary	565	5·3 ...	... ...	... ...	15·9 1·77	362·8 ...	... ...	1·8 ...	... ...	... ...	10·6 1·77	1·8 ...	1·8 ...	8·8 ...	8·8 ...	... ...	1·8 1·77	10·6 ...	226·5 ...	1,031·9 5·31	67·3	61·9 ...	67·3 ...	97·3 ...
Bangalore	2,304	·9 ...	... ...	... ...	31·7 2·60	71·6 ...	·4 ·43	2·2 ...	... ...	... ...	7·8 ...	6·5 ...	2·2 ·87	12·6 ...	13·0 ...	28·6 ...	1·7 ·43	5·2 ...	206·6 ...	739·1 5·21	43·9	51·2 ...	46·9 ...	108·6 ...
B Pallavaram	60	... ...	... ...	... ...	... ...	... ...	... ...	166·7 ...	... ...	16·7 ...	... ...	... ...	... ...	50·0 ...	... ...	... ...	... ...	16·7 ...	133·3 ...	866·7 ...	24·8	66·7 ...	... ...	66·7 ...
St. Thomas' Mount.	285	... ...	... ...	... ...	14·0 7·02	14·0 ...	... ...	31·6 ...	... ...	... ...	21·1 ...	... ...	3·5 ...	17·5 ...	21·1 ...	7·0 ...	... ...	7·0 ...	150·9 ...	1,322·8 10·53	88·3	31·6 ...	59·6 ...	59·6 ...
Madras	577	... ...	... ...	... ...	6·9 ...	22·5 ...	10·4 ...	5·2 ...	... ...	5·2 ...	5·2 1·73	1·7 ...	3·5 ...	27·7 ...	24·3 ...	5·2 ...	1·7 1·73	10·4 ...	239·2 ...	1,088·4 5·20	48·6	62·4 ...	58·9 ...	117·9 ...
GROUP XI.—SOUTHERN INDIA.	* 3,791	1·3 ...	... ...	... ...	23·7 2·37	102·1 ...	1·8 ·26	7·4 ...	... ...	1·1 ...	8·7 ·53	4·5 ...	2·4 ·53	15·3 ...	14·5 ...	18·7 ...	1·6 ·79	7·1 ...	209·2 ...	881·8 5·54	†51·1	53·3 ...	52·0 ...	103·9 ...

* Derived from the aggregates. † Worked on the aggregates.

EUROPEAN TROOPS, 1904.

TABLE III—*continued.*

RATIOS of STATIONS, GROUPS, COMMANDS and DIVISIONS. **For actuals see Table IV.**

1. Admission-rate. 2. Death-rate.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Constantly Sick.	Syphilis.	Soft Chancre.	Gonorrhœa.
Ranikhet .	1,257	25·5	...	...	19·1	20·7	·8	23·9	2·4	...	16·7	3·2	1·6	31·0	11·1	24·7	·8	8·0	183·8	731·1	51·9	13·5	45·3	124·9
		...	...	...	1·59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·39		...	...	...
Chaubuttia .	522	...	...	...	9·6	3·8	...	...	1·9	...	9·6	...	1·9	3·8	1·9	9·6	1·9	7·7	151·3	350·6	21·8	19·2	28·7	103·4
		...	...	...	1·92	...	...	...	...	...	...	...	...	...	1·92	...	1·92	...	...	5·75		...	...	...
Chakrata .	1,192	·8	...	...	6·7	80·5	6·7	·8	·8	...	12·6	5·0	5·0	17·6	10·9	25·2	1·7	5·9	316·3	843·1	60·5	73·8	150·2	92·3
		...	...	...	1·68	·84	...	...	...	...	...	...	...	...	1·68	...	·84	...	...	6·71		...	...	...
Lebong .	718	...	1·4	...	...	29·2	7·0	12·5	...	...	4·2	4·2	2·8	11·1	1·4	20·9	1·4	4·2	153·2	448·5	35·1	62·7	32·0	58·5
		...	1·39	...	...	...	1·39	...	...	...	1·39	...	...	...	1·39	...	1·39	...	...	11·14		...	...	...
Solon .	225	...	...	...	8·9	22·2	...	...	...	...	...	...	4·4	...	...	4·4	...	8·9	191·1	431·1	23·9	48·9	71·1	71·1
		...	...	...	4·44	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·44		...	...	...
Dagshai .	698	...	...	...	7·2	78·8	1·4	24·4	...	1·4	17·2	1·4	17·2	21·5	11·5	12·9	...	37·2	177·7	971·3	55·3	75·9	22·9	78·8
		...	...	...	...	...	...	...	...	...	...	·43	4·30	...	...	...	...	...	...	7·16		...	...	...
Subathu .	415	19·3	...	...	12·0	94·0	4·8	41·0	...	19·3	19·3	2·4	9·6	28·9	7·2	7·2	...	...	171·1	990·4	53·4	79·5	2·4	89·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Jutogh .	239	...	...	...	8·4	71·1	...	4·2	...	...	...	4·2	4·2	41·8	4·2	41·8	8·4	16·7	125·5	656·9	43·7	37·7	12·6	75·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·18		...	...	...
Khyragully .	70	...	...	...	...	14·3	14·3	...	...	...	14·3	...	...	14·3	...	28·6	...	28·6	71·4	471·4	34·1	57·1	...	14·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28·57		...	...	...
Baragully .	41	...	...	...	...	463·4	...	...	...	...	24·4	...	...	...	24·4	73·2	...	...	73·2	1,048·8	38·3	73·2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Kuldunnah .	481	4·2	...	4·2	8·3	141·4	...	...	...	...	18·7	...	4·2	8·3	...	8·3	14·6	...	93·6	542·6	34·7	41·6	27·0	24·9
		...	...	...	2·08	...	...	...	...	...	2·08	...	...	...	...	...	...	...	...	4·16		...	...	...
Kalabagh .	56	...	...	...	17·9	178·6	35·7	89·3	...	...	...	...	...	35·7	...	17·9	...	...	53·6	785·7	30·2	53·6	...	...
		...	...	...	17·86	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17·86		...	...	...
Camp Gharial	494	...	...	...	6·1	28·3	...	...	...	...	2·0	2·0	2·0	32·4	2·0	28·3	...	10·1	109·3	451·4	25·4	32·4	32·4	44·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Camp Thobba	414	...	...	...	33·8	195·7	...	...	...	...	7·2	...	2·4	24·2	...	4·8	2·4	4·8	91·8	599·0	28·9	38·6	24·2	29·0
		...	...	...	2·42	...	...	...	...	...	...	...	...	...	...	...	2·42	...	...	4·83		...	...	...
Camp Upper Topa.	188	42·6	...	...	...	...	...	...	...	...	...	...	...	16·0	...	42·6	5·3	85·1	63·8	702·1	42·8	31·9	26·6	5·3
		...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	5·32		...	...	...
Camp Lower Topa.	68	...	...	...	29·4	176·5	...	...	...	...	29·4	...	...	...	...	29·4	...	29·4	132·4	911·8	62·8	...	88·2	44·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Khan Spur	427	...	...	...	14·1	175·6	...	...	4·7	...	9·4	9·4	2·3	7·0	...	18·7	4·7	9·4	119·4	793·9	36·8	32·8	32·8	53·9
		...	...	...	4·68	...	...	...	...	...	...	...	...	...	...	...	4·68	...	...	9·37		...	...	...
Cherat .	383	...	...	...	15·5	...	...	100·5	2·6	2·6	18·0	...	2·6	10·3	12·9	2·6	...	10·3	43·8	677·8	7·1	12·9	...	30·9
		...	...	...	7·73	...	...	...	...	...	2·58	...	2·58	...	...	...	...	...	...	15·46		...	...	...
Quetta .	2,515	1·6	...	...	28·2	42·1	...	85·5	...	1·6	29·8	2·8	8·0	39·8	8·7	9·5	1·6	26·2	130·0	778·5	56·6	14·7	18·7	96·6
		...	...	...	·80	...	...	...	...	...	·40	...	·40	...	·40	...	·40	...	...	3·58		...	...	...
Ramandrug	21	...	...	...	...	142·9	...	...	...	95·2	...	...	...	...	...	...	...	...	333·3	952·4	22·9	142·9	190·5	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Maymyo .	343	...	...	...	..	242·9	5·8	...	...	...	26·2	5·8	...	20·4	5·8	11·7	11·7	8·7	580·2	1,160·3	62·4	172·0	265·3	142·9
		...	...	...	...	...	...	...	...	...	2·92	2·92	...	...	...	...	2·92	...	·92	11·66		2·92	...	...
GROUP XII *a*—HILL STATIONS.	*10,772	5·1	·1	·2	14·7	68·0	2·0	31·0	·7	1·5	16·3	2·8	5·1	23·9	6·7	16·4	2·4	14·9	170·3	723·7	†46·8	42·0	47·9	80·5
		...	·09	...	1·49	·09	·09	...	...	...	·46	·19	·46	...	·46	...	·74	...	·09	5·57		·09	...	...
Darjeeling .	402	...	...	...	5·0	144·3	...	...	...	...	...	2·5	...	12·4	22·4	12·4	5·0	17·4	251·2	786·1	43·9	129·4	27·4	94·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·49	...	2·49	4·98		2·49	...	...
Naini Tal .	209	...	...	...	14·4	81·3	14·4	38·3	...	...	4·8	...	...	19·1	4·8	...	...	33·5	134·0	602·9	40·9	57·4	28·7	47·8
		...	...	...	...	...	...	...	...	...	4·78	...	...	...	...	...	...	4·78	...	14·35		...	...	...
Landour .	185	16·2	...	...	16·2	275·7	5·4	...	...	...	27·0	...	...	10·8	10·8	...	5·4	54·1	162·2	1,005·4	64·8	54·1	16·2	91·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·41	...	...	10·81		...	...	...
Kasauli .	382	39·3	...	...	15·7	322·0	...	70·7	2·6	2·6	18·3	...	15·7	99·5	7·9	20·9	10·5	26·2	102·1	1,536·6	127·6	44·5	...	57·6
		...	...	...	2·62	...	...	...	...	...	...	...	...	...	...	...	5·24	...	...	10·47		...	...	...
Dalhousie .	860	...	...	...	24·4	208·1	...	...	...	1·2	17·4	27·9	...	9·3	11·6	1·2	4·7	30·2	133·7	726·7	44·9	41·9	18·6	73·3
		...	...	...	3·49	...	...	...	...	...	...	1·16	...	...	...	...	...	...	...	5·81		...	...	...
Murree .	118	...	...	...	8·5	144·1	...	84·7	...	...	8·5	...	8·5	16·9	...	...	...	25·4	110·2	644·1	203·3	8·5	59·3	42·4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8·47		...	...	...
Taragarh .	42	...	...	...	23·8	595·2	...	119·0	...	...	71·4	...	71·4	47·6	...	71·4	23·8	23·8	238·1	1,904·8	98·3	23·8	119·0	95·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Mount Abu .	108	...	...	...	...	333·3	...	...	...	...	9·3	9·3	9·3	18·5	...	9·3	...	18·5	74·1	787·0	60·7	64·8	..	9·3
		...	...	...	...	...	...	...	...	...	9·26	...	...	...	...	...	...	...	...	9·26		...	...	...
Pachmarhi .	162	24·7	...	...	148·1	277·8	12·3	6·2	...	...	18·5	...	...	6·2	12·3	49·4	6·2	49·4	191·4	1,129·6	71·2	24·7	80·2	86·4
		...	...	..	24·69	...	...	...	...	...	...	...	...	...	...	...	...	...	...	24·69		...	...	...

* Derived from the aggregates. † Worked on the aggregates.

STATIONS COMMANDS AND DIVISIONS.	Average annual strength.	1. ADMISSION-RATE. 2. DEATH-RATE. 3. CONSTANTLY-SICK-RATE.																						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Purandhur .	172	... ...	... ...	... ...	5·8 5·81	180·2 ...	... ...	... ...	... ...	... ...	23·3 ...	... ...	17·4 5·81	46·5 ...	5·8 ...	... ...	5·8 ...	11·6 ...	180·2 ...	854·7 11·63	77·2	133·7 ...	11·6 ...	34·9 ..
Khandalla .	34	... ...	... ...	... ...	... ...	735·3 ...	... ...	... ...	... ...	... ...	29·4 ...	... ...	... ...	29·4 ...	... ...	... ...	... ...	29·4 ...	147·1 ...	1,500·0 ...	142·1	58·8 ...	29·4 ...	58·8 ...
Wellington	876	... ...	... ...	... ..	24·0 3·42	148·4 ...	... ...	6·8 ...	1·1 ...	... ...	9·1 ...	1·1 ...	5·7 ...	55·9 ...	14·8 ...	19·4 ...	3·4 ...	12·6 ...	267·1 1·14	1,050·2 9·13	74·4	121·0 1·14	58·2 ...	87·9 ...
GROUP XII *b*.—Hill Convalescent Depôts and Sanitaria.	* 3,551	6·2 ...	... ...	... ...	23·4 3·38	207·5 ...	1·7 ...	16·1 ...	·6 ...	·6 ...	13·8 ·56	7·6 ·26	5·4 ·28	34·4 ...	11·5 ...	12·1 ...	4·8 1·13	24·8 ·28	181·6 ·56	952·4 9·01	†71·8	76·3 ·56	32·4 ...	72·9 ...
Troops marching, India.	1,761	... ...	... ...	1·7 ...	9·7 ...	107·3 ...	2·3 ...	2·8 ...	·6 ...	3·4 1·70	3·4 ·57	1·7 ...	3·4 1·14	8·0 ...	9·7 ...	8·0 ...	·6 ...	6·2 ...	145·9 ...	523·6 6·25	3·3	33·5 ...	42·0 ...	70·4 ...
Aden Column Field Force.	421	... ...	... ...	... ...	14·3 2·38	1,078·4 2·38	... ...	... ...	... ...	9·5 2·38	35·6 ...	2·4 ...	2·4 2·38	21·4 ...	30·9 ...	7·1 ...	2·4 2·38	4·8 ...	7·1 ...	1,577·2 14·25	46·9	4·8 ...	... ...	2·4 ...
Sikkim Tibet Mission Force.	249	... ...	... ...	... ...	20·1 4 02	196·8 ...	4·0 ...	... ...	... ...	... ...	12·0 ...	... ...	8·0 ...	36·1 ...	48·2 4·02	52·2 ...	... ...	4·0 ...	16·1 ...	718·9 12·05	33·5	4·0 ...	8·0 ...	4·0 ...
Deolali Depôt	686	... ...	... ...	1·5 ...	8·7 1·46	180·8 1·46	... ...	8·7 ...	... ...	1·5 ...	13·1 4·37	1·5 5·83	7·3 ...	24·8 ...	13·1 ...	1·5 ...	1·5 4·37	11·7 ...	249·3 ...	760·9 24·78	80·2	94·8 ...	32·1 ...	122·4 ...
Poonamallee Depôt.	129	... ...	... ...	... ...	... ...	77·5 ...	15·5 77·5	7·8 ...	... ...	... ...	62·0 ...	7·8 ...	... ...	46·5 ...	85·3 ...	... ...	31·0 15·50	38·8 ...	162·8 ...	1,186·0 23·26	358·1	108·5 ...	15·5 ...	38·8 ...
EXTRA INDIA Aden .	1,367	... ...	... ...	... ...	7·3 1·46	486·5 4·39	... ...	·7 ...	... ...	3·7 1·46	17·6 ·73	2·9 ·73	1·5 ·73	14·6 ...	16·1 ...	11·0 ...	4·4 2.9	5·1 ...	49·0 ...	906·4 16·09	51·9	7·3 ...	7·3 ...	34·4 ...
India .	* 71,083	4·9 ... ·2	·2 ·15 ...	·7 ·06 ·1	19·6 3·76 3·6	174·0 ·24 6·4	3·4 ·10 ·3	23·7 ... 1·0	·5 ·01 ·1	4·5 ·49 ·2	13·2 ·69 1·5	2·8 ·38 ·7	3·4 ·52 ·3	21·4 ·10 1·1	12·6 ·42 1·0	13·1 ... ·5	2 6 1·36 ·3	16·1 ·01 1·0	198·5 ·21 17·5	900·4 10·83 57·0	†57·0	49·1 ·21 5·4	54·2 ... 4·5	95·3 ... 7·5
NORTHERN COMMAND.	18,297	11·7 ...	... ...	·5 ·05	20·6 4·26	202·2 ·16	2·3 ·05	21·0 ...	·9 ...	10·5 1·04	11·3 ·60	3·7 ·49	4·1 ·87	19·3 ·05	7·5 ·22	12·8 ...	2·6 ·87	15·3 ...	143·5 ·22	880·6 11·15	†52·6	41·4 ·22	32·1 ...	70·0 ...
WESTERN COMMAND.	19,699	·7 ...	·6 3·0	·6 ...	20·1 3·96	212·0 ·36	3·8 ...	16·5 ...	·3 ·05	2·7 ·25	17·7 1·12	2·4 ·61	4·1 ·51	23·4 ·05	11·8 ·41	11·9 ...	2·8 1·88	12·8 ...	195·5 ·20	909·5 12·39	†60·4	43·8 ·20	55·7 ...	96·0 ...
EASTERN COMMAND.	18,648	5·6 ...	·2 ·21	·3 ·16	21·2 4·34	129·2 ·27	4·7 ·16	37·5 ...	·4 ...	2·4 ·32	11·4 ·43	2·4 ·21	2·5 ·21	17·3 ·21	15·6 ·70	13·9 ...	2·5 1·56	26·7 ·05	229·0 ·21	886·9 11·10	†59·8	48·7 ·21	67·4 ...	112·9 ...
SECUNDERABAD DIVISION.	8,226	·6 ...	... ...	... ...	22·4 3·28	100·4 ...	1·6 ·24	14·7 ...	·5 ...	1·9 ...	10·1 ·49	3·2 ...	2·8 ·24	26·3 ...	17·5 ·12	11·4 ...	2·8 1·34	8·9 ...	218·6 ·24	913·6 †7·29	61·8	65·9 ·24	49·6 ...	103·1 ...
BURMA DIVISION	3,782	3·2 ...	... ·26	... ...	3·7 ·26	149·9 ·26	6·1 ·26	39 7 ...	·3 ...	·5 ·26	15·9 ·79	3·4 ·53	1·6 ·53	35·4 ·26	13·2 ·79	20·1 ...	2·4 ·79	6·9 ...	344·5 ·26	1,099·4 9·25	†67·3	93·9 ·26	113·2 ...	137·5 ...
Lucknow‡ .	2,580	·2	...	·0	10·8	2·3	...	3 9	...	·2	1·1	·3	·2	1·3	2·9	·4	·5	3·3	11·3	61·3	61·3	2·9	1·8	6·7
Ambala .	2,579	1·8	...	·0	5·5	5·5	·2	2	...	1·1	·7	·4	·3	·9	1·1	·5	·4	·7	17·2	56·7	56·7	6·1	4·1	7·0
Rawalpindi	2,873	·0	...	·1	4·9	10·2	·3	·1	·0	·1	1·0	·6	·5	·4	·7	·5	·3	1·2	17·5	60·5	60·5	8·3	2·7	6·5
Secunderabad	3,060	...	...	...	3·6	3·4	·3	1·2	·1	·1	1·3	·5	·3	1·2	1·4	·0	·3	·8	19·7	59·8	59·8	7·3	3·8	8·5
Poona .	2,071	·0	·3	·2	4·7	8·2	·0	·9	...	·1	1·0	·4	·2	·7	1·9	·3	·5	·4	20·0	58·3	58·3	4·8	6·2	9·0
Bangalore .	2,304	·1	...	...	5·9	2·3	...	·1	·0	...	·8	·8	·2	·5	1·0	·9	·3	·4	15·5	43·9	43·9	4·0	3·2	8·3
Quetta .	2,515	·0	...	...	6·4	1·6	..	2·8	...	·1	5·6	·9	·4	2·1	·8	·6	·2	2·0	11·3	56·6	56·6	1·2	1·8	8·3

* Derived from the aggregates. † Worked on the aggregates. ‡ Constantly-sick-rate per 1,000 by diseases at the largest stations.

TABLE IV.

ACTUALS of STATIONS, GROUPS, COMMANDS, and DIVISIONS on which the ratios in Tables I—III have been calculated.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the Lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.
Port Blair	139	... ...	... ...	... ...	... ...	3 ... ·11	15 ... ·67	4 ... ·08	... ...	... ...	... ...	... ...	... ...	7 ... ·24	... ...	... ...	... ...	... ...	35 ... 2·74	96 1 5·60	14 ... 1·61	6 ... ·35	15 ... ·78	... ...	... ...
Rangoon	950	11 ... ·21	... ...	... ...	8 1 1·48	119 1 5·11	1 ... ·18	105 ... 2.92	... ... ·01	1 ... ·05	16 1 2·01	5 1 ·64	3 1 ·14	64 1 3·02	25 1 2·16	48 ... 1·54	3 2 ·36	6 ... 1·07	426 ... 41·52	1,518 13 92·98	107 ... 11·21	137 ... 13·07	182 ... 17·24	... ...	... ... ·29
Group I.—Burma Coast and Bay Islands.	1,099*	1 ... ·21	... 1 ...	... ...	8 1 1·48	122 1 5·22	16 ... ·85	109 ... 3·00	... ... ·01	1 ... ·05	·16 1 2·01	5 1 ·64	3 1 ·14	71 1 3·26	25 1 2·16	48 ... 1·54	3 2 ·36	6 ... 1·07	461 ... 44·26	1,614 14 98·58	121 ... 12·82	143 ... 13·42	197 ... 18·02	... ...	... ... ·29
Thayetmyo	549	1 ... ·05	... ...	... ...	2 ... ·41	202 ... 5·08	... ...	... ...	... ...	... ...	5 ... ·35	... ...	... ...	14 ... ·35	8 2 ·54	11 ... ·17	1 ... ·25	6 ... ·17	111 ... 8·79	604 7 27·53	22 ... 2·26	17 ... 1·58	72 ... 4·95	1 ... ·01	... ...
Meiktila	389	... ...	... ...	... ...	1 ... ·20	6 ... ·20	1 ... ·06	31 ... 1·56	... ... ·13	... ...	5 ... ·85	... ... ·01	1 1 ...	2 ... ·04	2 ... ·18	7 ... ·30	... ...	1 ... ·07	148 ... 13·85	334 2 25·25	44 ... 5·11	48 ... 4·72	56 ... 4·02	... ...	1 ... ·06
Fort Dufferin	609	... ...	... ...	... ...	1 ... ·39	64 ... 3·18	... ... ·08	5 ... ·17	1 ... ·30	1 1 ·01	9 1 1·28	6 ... ·69	2 ... ·28	9 ... ·75	1 ... ·25	1 ... ·07	... ... ·06	7 ... 1·00	190 ... 19·55	501 3 42·92	36 ... 4·31	78 ... 8·34	76 ... 6·90	... ...	... ... ·11
Shwebo	562	... ...	... ...	... ...	2 ... ·66	31 ... 1·32	3 ... ·37	5 ... ·17	... ...	... ...	11 ... ·77	... ... ·01	... ...	26 ... ·86	11 ... ·72	2 ... ·04	... ... ·01	3 ... ·16	143 ... 10·62	490 3 27·08	52 ... 4·82	35 ... 2·41	56 ... 3·39	2 ... ·07	2 ... ·04
Bhamo	231	... ...	... ...	... ...	... ...	59 ... 1·52	1 1 ·10	... ...	... ...	... ...	5 ... ·36	... ...	... ...	5 ... ·11	1 ... ·11	3 ... ·10	1 ... ·29	... ...	51 ... 4·25	217 2 11·90	21 ... 2·56	16 ... ·79	14 ... ·90	... ...	1 ... ·16
Group II.—Burma Inland.	2,338*	1 ... ·05	... ...	... ...	6 ... 1·66	362 ... 11·30	5 1 ·61	41 ... 1·90	1 ... ·43	1 1 ·01	35 1 3·61	6 ... ·71	3 1 ·28	56 ... 2·11	23 2 1·80	24 ... ·68	2 ... ·61	17 ... 1·40	643 ... 57·06	2,146 17 134·68	175 ... 19·05	194 ... 17·84	274 ... 20·16	3 ... ·08	4 ... ·37
Fort William	1,035	47 ... 1·52	3 3 ·03	2 ... ·03	3 ... ·41	135 ... 8·79	20 2 2·04	47 ... 3·05	1 ... ·12	1 ... ·03	28 ... 3·85	5 1 1·00	1 ... ·05	25 ... 2·39	10 ... ·76	20 ... 2.92	... ... ·10	3 ... ·54	440 1 33·83	1,318 8 95·23	59 1 9·49	188 ... 4·94	193 ... 19·40	1 ... ·02	... ... ·06
Fort Fulta	31	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1	... ...	... ...	12 ... ·05	17 ... ·07	5 ... ·02	3 ... ·01	4 ... ·02	... ...	... ...
Fort Chingrikhal	74	... ...	... ...	... ...	... ...	10 ... ·06	... ...	1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1	... ...	1 ... ·01	8 ... ·04	48 ... ·36	1	4 ... ·02	3 ... ·02	... ...	... ...
Dum-Dum	241	... ...	... ...	... ...	... ...	27 ... 1·36	5 ... ·38	... ...	... ...	... ...	3 ... ·30	1 ... ·07	2 ... ·25	15 ... ·91	... ... ·13	7 ... ·18	1 ... ·23	19 ... 1·24	60 ... 5·69	232 ... 15·56	22 ... 2·44	17 ... 1·46	21 ... 1·79	... ...	1 ... ·15
Barrackpore	236	1 ... ·04	... ...	... ...	6 1 1·07	79 1 3·59	21 ... 1·50	24 ... ·54	... ...	1 1 ·01	2 ... ·15	... ...	... ...	4 ... ·08	17 1 2·29	4 ... ·07	5 2 ·50	9 ... ·39	77 ... 7·26	397 6 23·02	36 ... 3·46	12 ... 1·19	29 ... 2·61	2 ... ·04	... ...
Group IV.—Bengal and Orissa.	1,617*	48 ... 1·56	3 3 ·03	2 ... ·03	9 1 1·48	251 1 13·80	46 2 3·92	92 ... 3·59	1 ... ·12	2 1 ·04	33 ... 4·30	6 1 1·07	3 ... ·30	45 ... 3·38	27 1 3·18	33 ... 3·17	6 2 ·83	32 ... 2·18	597 1 46·87	2,012 14 134·24	123 1 15·41	224 ... 7·61	250 ... 23·84	3 ... ·06	1 ... ·21
B Dinapore	551	... ...	... ...	1 1 ·05	23 9 3·62	120 1 5·20	13 ... 1·10	53 ... 2·89	... ...	1 ... ·07	3 1 ·42	1 ... ·22	1 ... ·05	12 ... ·46	18 1 1·41	10 ... ·24	6 5 ·67	5 ... ·36	138 ... 11·42	666 22 42·46	19 ... 2·19	71 ... 6·06	48 ... 3·17	3 ... ·09	... ...
Benares	145	... ...	... ...	... ...	2 ... ·37	12 ... ·73	... ...	9 ... ·30	... ...	... ...	7 ... ·46	... ...	... ...	3 ... ·16	... ...	6 ... ·15	... ...	5 ... ·64	28 ... 3·66	130 ... 9·25	6 ... ·94	7 ... ·78	15 ... 1·94	1 ... ·03	... ...
Allahabad	727	... ...	... ...	2 ... ·23	4 ... 1·14	103 ... 3·59	3 ... ·26	24 ... 1·03	... ...	1 ... ·06	7 ... ·81	2 ... ·43	... ...	4 ... ·25	7 ... ·83	3 ... ·08	1 1 ·06	4 ... ·76	187 ... 20·88	616 4 49·16	46 ... 6·47	66 ... 5·01	75 ... 9·40	3 ... ·09	... ...
Fort Allahabad	172	... ...	... ...	... ...	... ...	65 1 1·94	... ... ·05	19 ... ·54	... ...	2 ... ·15	1 1 ·03	... ... ·31	... ...	1 ... ·02	... ...	... ...	... ...	1 ... ·04	35 ... 3·46	192 2 9·97	2 ... ·20	16 ... 1·67	17 ... 1·59	... ...	... ...
Fyzabad	1,011	... ...	... ...	... ...	14 4 2·09	151 ... 7·43	... ... ·08	74 ... 3·21	... ...	... ...	18 ... 1·33	1 ... ·49	2 1 ·06	16 ... 1·07	17 1 1·23	18 ... 1·04	... ... ·02	9 ... ·58	210 ... 16·42	952 7 55·82	46 ... 3·49	55 ... 4·08	109 ... 8·85	1 ... ·02	1 ... ·02
Sitapur	453	... ...	... ...	... ...	2 1 ·39	20 ... ·69	... ...	30 ... ·85	... ...	... ...	3 ... ·81	1 ... ·16	... ... ·05	7 ... ·29	1 ... ·19	... ...	... ...	9 ... ·53	30 ... 3·56	256 2 15·93	16 ... 2·09	5 ... ·46	9 ... 1·01	... ...	... ...
Lucknow	2,580	15 ... ·52	... ...	... ... ·07	133 17 27·79	116 ... 5·90	... ...	250 ... 10·12	... ...	15 1 ·64	19 1 2·91	3 ... ·80	5 1 ·63	42 1 3·44	79 1 7·49	40 ... ·99	15 5 1·36	307 ... 8·52	309 ... 29·21	2,284 34 158·21	47 ... 7·44	59 ... 4·54	203 ... 17·23	2 ... ·08	1 ... ·28
Cawnpore	874	... ...	... ...	... ...	8 2 2·41	168 ... 4·48	... ...	... ...	1 ... ·14	8 1 ·18	15 ... 1·58	5 ... 1·09	2 ... ·13	17 1 1·40	13 ... 1·23	9 ... ·30	2 1 ·23	18 ... ·88	208 ... 19·35	827 5 52·01	33 ... 4·62	42 ... 4·51	133 ... 10·23	1 ... ·01	1 ... ·26
Fatehgarh	193	3 ... ·05	... ...	1 ... ·06	14 5 2·01	112 ... 2·42	... ...	9 ... ·21	... ...	... ...	... ...	1 ... ·05	... ...	1 ... ·03	3 ... ·09	1 ... ·03	... ...	2 ... ·06	29 ... 2·09	239 6 9·52	1 ... ·03	3 ... ·45	25 ... 1·61	... ...	... ...
Group V.—Gangetic Plain and Chutia Nagpur.	6,707*	18 ... ·58	... ...	4 1 ·41	200 38 39·82	867 2 32·38	16 ... 1·49	463 ... 19·15	1 ... ·14	27 2 1·10	73 3 8·35	14 ... 3·59	10 2 ·92	103 2 7·12	138 3 12·47	87 ... 2·83	24 12 2·34	360 ... 12·37	1,174 ... 110·06	6,162 82 402·33	216 ... 27·47	324 ... 27·56	634 ... 55·03	11 ... ·32	3 ... ·56

* Derived from the aggregates.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.
		1. ADMISSIONS. 2. DEATHS. 3. CONSTANTLY SICK.																							
A																									
Shahjahanpur	562	...	...	2	1	62	1	3	...	3	4	...	1	5	5	6	...	2	118	442	16	23	79	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
		...	...	·06	·10	2·76	·09	·18	...	·11	·09	·02	·03	·62	·48	·13	...	·06	12·43	25·42	2·49	2·10	7·84	·02	...
Bareilly	1,102	...	...	...	12	102	...	72	..	1	15	4	...	31	23	15	1	21	199	912	55	20	124	8	...
		...	...	...	7	...	...	...	...	...	..	...	...	...	...	...	1	...	...	10	...	...	...	...	...
		...	...	...	1·40	4·50	...	2·99	...	·02	1·66	·40	...	1·29	1·98	·38	·05	·91	13·46	48·70	2·60	1·61	9·25	·17	
Roorkee	396	...	...	...	7	130	1	...	...	...	3	...	...	6	2	12	1	3	97	373	13	31	53	1	1
		...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	5	...	...	...	...	...
		...	...	...	·91	4·64	·10	...	...	...	·11	·26	...	·19	·08	·38	·17	·16	8·67	21·36	1·11	3·51	4·05	·06	·02
Meerut	1,893	...	...	2	85	206	1	...	1	3	16	5	12	26	36	10	4	5	397	1,385	98	87	212	...	1
		...	...	...	22	...	...	...	...	...	1	1	1	1	5	...	4	...	1	39	1	...	...	...	...
		...	...	·20	21·63	9·83	·01	...	·26	·11	2·56	·82	2·10	1·54	3·18	·84	·21	1·54	46·54	128·64	16·84	10·71	18·99	...	·03
Delhi	279	...	...	...	2	138	2	...	...	...	5	1	3	4	...	4	...	...	74	340	15	22	37	1	...
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	5	1	...	...	...	...
		...	...	...	·32	3·17	·24	...	...	...	·24	·04	·10	·27	·16	·10	...	...	6·89	17·86	1·49	2·62	2·78	·02	...
Ambala	2,579	171	...	1	105	426	8	22	...	116	25	4	9	46	38	41	11	25	560	2,771	114	192	254	9	3
		...	...	...	24	...	...	...	...	3	3	1	3	1	...	...	3	...	...	44	...	...	...	...	...
		4·74	...	·10	14·22	14·23	·51	·49	...	2·88	1·73	1·00	·75	2·30	2·78	1·19	1·14	1·71	44·34	146·22	15·78	10·56	18·00	·16	·17
B																									
Jullundur	606	...	...	...	21	131	...	2	...	...	11	1	1	15	6	6	1	5	75	500	26	4	45	2	...
		...	...	...	1	1	...	...	...	...	1	...	1	...	...	...	1	...	...	8	...	...	...	...	...
		...	...	...	3·68	4·93	...	·03	...	...	1·59	·47	·08	·66	·53	·11	·08	·34	7·63	29·76	3·48	·31	3·84	·01	·07
Ferozepore	835	...	...	1	9	284	...	...	...	8	4	3	...	7	7	25	1	7	150	820	51	20	79	6	...
		...	...	...	4	2	...	...	...	3	1	1	...	...	...	...	1	...	...	12	...	...	...	...	...
		...	...	·24	1·34	11·19	...	...	...	·21	·46	1·11	...	·35	·63	·25	·06	·66	11·42	42·23	3·82	1·25	6·35	·08	...
Amritsar	176	...	...	...	1	17	...	1	...	...	2	...	...	5	1	1	...	5	25	128	12	4	9	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	1	...	...	...	...
		...	...	...	·13	1·30	...	·01	...	...	·06	...	...	·16	·08	·01	...	·48	2·71	7·51	1·92	·22	·57	·03	...
Mian Mir	676	2	...	...	10	343	...	52	...	13	5	3	2	19	6	10	3	26	135	914	47	28	60	1	1
		...	...	...	4	...	...	...	...	4	...	1	...	...	...	...	...	...	...	10	...	...	...	...	...
		·15	...	...	1·78	15·13	...	1·36	...	·52	·60	·46	·40	·90	·34	·30	·42	1·55	12·90	50·92	4·91	2·04	5·95	·02	·07
Fort Lahore	96	3	...	...	2	84	...	2	...	1	...	...	1	2	3	...	1	2	8	143	1	2	5	...	...
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	..	...	...	1	...	...	...	...	...
		·04	...	...	·03	2·21	...	·02	...	...	...	...	·05	·07	·10	...	·05	·05	·25	3·76	·12	·11	·02	...	...
Sialkot	1,252	...	...	1	37	199	2	22	1	15	24	5	2	32	11	14	3	5	93	995	22	35	36	3	3
		...	...	1	9	...	...	...	...	1	...	..	...	...	2	...	1	...	1	17	1	...	...	...	...
		...	...	·01	6·11	6·83	·12	·96	·09	·65	2·21	2·60	·16	1·80	·64	·40	·42	·16	7·95	57·21	1·80	3·56	2·59	·07	·22
Rawalpindi	2,873	5	...	3	84	593	3	3	2	4	22	7	7	47	19	34	3	72	456	2,454	159	95	202	2	2
		...	...	...	17	...	1	...	...	...	1	2	3	..	1	...	2	...	1	36	1	...	...	...	...
		·13	...	·39	14·19	29·23	·93	·15	·02	·26	3·00	1·68	1·35	1·26	2·12	1·36	·76	3·32	50·27	173·91	23·86	7·69	18·72	·09	·09
Campbellpur	228	...	...	...	...	19	...	32	...	1	1	1	...	1	...	3	...	3	11	149	4	2	5	1	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	..	...	2	...	...	...	...	...
		...	...	·17	·05	1·37	...	·78	...	·03	·07	·25	·05	·04	·09	·05	...	·23	1·13	8·53	·41	·15	·57	·02	...
Attock	223	...	...	...	3	143	1	...	6	1	3	2	3	5	...	1	...	8	38	329	5	10	23	1	...
		...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	..	...	5	...	...	...	...	...
		...	...	...	·67	3·34	·01	...	·47	...	·15	·25	·23	·31	...	·01	...	·57	2·84	13·11	·51	·77	1·56	·01	...
GROUP VI.—UPPER SUB-HIMALAYA.	*13,776	181	...	10	379	2,877	19	211	10	166	140	35	41	251	157	182	29	199	2,436	12,655	638	575	1,223	38	11
		...	...	1	90	4	1	...	...	13	8	7	9	2	9	...	15	...	5	196	5	...	...	...	...
		5·06	...	1·17	66·56	114·66	2·01	6·97	·84	4·79	14·53	9·36	5·34	11·76	13·19	5·51	3·37	11·74	229·43	775·14	81·14	47·21	101·08	·76	·67
A																									
Nowshera	698	...	...	...	7	82	3	26	1	5	6	1	6	6	6	3	1	2	111	417	13	25	73	...	...
		...	...	...	2	...	...	...	...	1	...	...	1	...	...	...	1	...	...	7	...	...	...	...	...
		...	...	...	·87	2·28	·16	·69	·16	·11	·56	·07	·70	·39	·23	·20	...	·20	8·86	26·68	·98	2·06	5·82	...	...
Peshawar	1,576	...	...	1	20	417	19	89	2	4	24	2	7	22	6	10	2	8	166	1,291	29	21	116	6	1
		..	...	...	3	...	...	...	..	3	3	1	1	...	...	...	1	...	1	15	1	...	...	...	...
		...	...	·37	5·02	12·89	2·06	2·33	·67	·09	2·77	·73	·54	·78	·65	·22	·56	·60	18·91	76·45	4·05	2·17	12·69	·18	·22
Mooltan	915	...	...	1	...	247	...	17	1	12	9	6	6	19	3	10	1	6	125	923	28	26	71	2	4
		...	...	...	...	...	...	...	...	2	...	1	2	...	...	...	1	...	...	10	...	...	...	...	...
		...	...	·23	·11	8·72	.	·79	·13	·98	1·23	1·66	78	1·21	·19	·52	·04	·25	8·01	49·16	2·15	1·39	4·47	·04	1·37
C																									
Hyderabad	497	...	...	...	6	111	3	...	...	...	3	1	2	6	1	3	1	3	96	393	41	21	34	1	...
		...	...	...	1	...	...	...	...	...	...	1	1	1	...	...	1	...	...	6	...	...	...	...	...
		...	...	...	·97	4·73	·32	...	...	...	1·03	·08	·05	·37	·04	·26	·04	·11	8·35	27·34	3·70	1·86	2·79	·01	...
Kurrachee	1,218	...	...	...	3	114	...	8	...	3	37	5	1	22	7	7	4	15	298	965	52	86	160	...	2
		...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	1	...	...	8	...	...	...	...	...
		...	...	...	·09	4·22	...	·68	...	·12	5·51	·41	·05	1·09	·29	·21	·55	1·10	33·48	81·47	7·11	11·46	14·91	...	·43
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	4,905*	...	...	2	36	971	25	140	4	24	79	15	22	75	23	33	9	34	796	3,989	163	179	454	9	7
		...	...	...	8	...	...	...	...	6	5	3	5	1	...	...	5	...	1	46	1	...	...	...	..
		...	...	·60	7·06	32·84	2·54	4·49	·96	1·30	11·20	2·95	2·12	3·84	1·40	1·41	1·19	2·26	77·61	261·10	17·99	18·94	40·68	·23	2·02

* Derived from the aggregates.

TABLE IV—*continued.*

ACTUALS of STATIONS, GROUPS, COMMANDS and Divisions on which the ratios in Tables I—III have been calculated.

1. ADMISSIONS. 2. DEATHS. 3. CONSTANTLY SICK.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.
A Deesa	208	...	...	...	3	42	...	3	...	...	4	...	3	4	...	3	...	...	35	164	11	9	15	...	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
		...	...	...	·35	1·64	...	·05	...	...	·24	·08	·22	·16	·14	·16	...	...	2·14	9·36	1·23	·77	1·14	...	...
Ahmedabad	239	...	...	...	2	126	...	...	...	2	...	...	1	2	1	...	1	...	77	281	6	49	22	...	...
		...	...	...	2	...	...	...	...	2	...	...	1	...	...	...	1	...	...	8	...	...	...	...	...
		...	...	...	·04	4·10	...	...	...	·30	...	...	·04	·21	·03	...	·03	...	6·89	15·88	·73	4·06	2·10	...	...
B Neemuch	345	...	...	...	7	128	...	...	1	...	2	2	1	2	8	1	...	1	98	405	12	38	48	...	...
		...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...
		...	...	...	·67	4·70	...	...	·27	...	·07	·14	·05	·30	·36	·04	...	·06	7·33	21·87	1·17	3·09	3·07	...	...
Nasirabad	780	...	...	...	17	356	7	2	...	1	1	1	3	5	6	13	1	8	144	896	42	43	59	3	1
		...	...	...	4	...	...	...	...	1	...	...	1	...	...	...	1	...	1	11	1	...	...	...	...
		...	...	...	2·90	8·46	·76	·13	...	·02	·25	·05	·28	·34	·28	·25	·36	·39	12·90	41·18	6·18	2·22	4·50	·12	·26
Muttra	499	...	...	2	7	84	3	7	...	1	1	...	4	10	11	5	1	2	192	568	54	80	58	5	2
		...	...	...	2	...	...	...	...	1	...	1	1	...	...	...	1	...	...	6	...	...	...	...	...
		...	...	·32	·51	2·45	·42	·12	...	...	...	·02	·23	·33	·41	·20	·05	·48	15·00	31·40	4·58	5·02	5·40	·09	·06
Agra	1,109	3	...	12	28	398	...	39	...	8	12	...	2	12	8	2	2	14	467	1,288	85	151	231	7	...
		...	...	2	5	...	...	...	...	2	1	...	...	1	...	...	2	...	...	17	...	...	...	...	...
		2·01	...	1·19	3·37	12·47	...	3·97	...	·06	·83	·11	·31	1·76	·20	·05	·27	1·39	25·64	80·09	5·64	10·86	9·14	1·09	...
Jhansi	979	...	...	...	49	397	8	1	...	2	19	...	2	42	18	17	2	13	254	1,302	35	108	110	2	4
		...	...	...	14	...	...	...	...	...	...	...	...	...	2	...	4	...	...	22	...	...	...	...	...
		...	...	...	10·71	15·54	·60	·07	...	·08	2·44	·14	·19	2·66	1·47	·79	·24	·85	23·31	93·58	2·08	15·13	6·10	·04	·32
Nowgong	321	...	...	...	3	45	...	2	...	...	5	...	...	4	3	2	1	10	49	265	5	22	22	3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...
		...	...	...	·75	1·54	...	·17	...	...	·28	·13	...	·10	·28	·04	·23	·45	5·88	17·49	·62	3·53	1·73	·05	...
Indore	131	1	...	...	3	18	...	...	...	...	1	...	...	...	2	1	...	1	37	102	5	14	18	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...
		·02	...	...	·73	·37	...	...	...	...	·03	...	...	...	·06	·02	...	·06	3·29	6·29	·61	1·24	1·44	...	...
Mhow	1,628	2	...	1	44	332	2	6	1	1	35	2	6	31	26	38	8	17	335	1,653	68	101	166	4	11
		...	...	...	12	...	...	...	...	...	2	...	1	...	...	...	3	...	...	23	...	...	...	...	...
		·11	...	·16	9·46	12·68	·27	·63	·03	·07	3·21	·60	73	1·42	1·84	·97	·87	1·34	35·29	114·68	9·42	12·07	13·30	·08	2·27
GROUP VIII—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	6,238*	6	...	15	163	1,826	20	50	2	15	80	5	22	112	83	82	16	66	1,688	6,924	324	615	749	24	18
		..	...	2	45	...	...	...	...	6	3	1	4	1	2	...	12	...	2	102	2	...	...	...	...
		2·14	...	1·67	29·49	63·95	2·05	5·14	·30	·53	7·35	1·27	2·05	7·28	5·07	2·52	2·05	5·02	138·67	431·82	32·25	57·99	48·42	1·47	2·91
A Saugor	267	...	...	...	2	32	...	7	...	..	2	1	...	9	4	2	1	6	81	230	4	47	30	1	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	...	...	...	...
		...	...	...	·32	1·16	...	·38	·06	...	·19	·03	...	·33	·45	·04	·04	·21	7·22	14·43	·72	4·18	2·32	·01	...
Jubbulpore	740	...	...	...	17	100	49	42	1	17	19	1	1	28	33	6	3	22	180	927	58	27	95	...	...
		...	...	...	3	...	...	...	...	...	2	...	...	...	2	...	2	...	...	9	...	...	...	...	...
		...	...	...	1·11	3·21	2·25	2·19	·01	·43	1·24	·02	·01	1·13	4·23	·04	·02	3·13	10·55	52·86	3·21	2·11	5·23	·01	...
Kamptee	1,029	...	...	...	9	284	...	...	1	8	9	2	3	29	10	15	2	9	155	1,071	31	47	77	10	...
		...	...	...	2	...	...	...	1	...	2	...	...	...	2	...	2	...	...	12	...	...	...	...	...
		...	...	...	2·11	8·01	...	...	·07	·21	·33	·31	·20	1·04	·61	·40	·03	·33	11·95	50·33	2·82	2·62	6·51	·15	...
Sitabaldi	72	...	...	...	...	25	...	...	...	1	...	...	...	1	1	5	1	...	10	77	...	8	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·26	...	...	...	·01	...	...	...	...	...	·04	·01	...	·09	·77	...	·08	·01	...	...
B Secunderabad	3,060	...	...	...	71	277	3	83	3	10	27	5	9	94	60	1	10	27	618	2,750	183	126	309	2	2
		...	...	...	15	...	...	...	...	...	2	...	...	...	1	...	6	...	1	27	1	...	...	...	...
		...	...	...	11·08	10·48	·86	3·70	·39	·39	4·01	1·39	·78	3·63	4·23	·14	·79	2·39	60·22	183·11	22·42	11·77	26·03	·05	·48
Belgam	1,013	...	...	...	13	186	2	14	1	...	9	2	2	25	...	1	3	7	124	654	31	36	57	1	...
		...	...	...	2	...	...	...	...	...	2	·81	...	...	...	..	1	...	...	7	...	...	...	...	...
		...	...	...	2·92	5·23	·16	1·41	·11	...	·64	84	·12	1·60	...	·02	·47	·33	11·76	36·90	4·24	3·11	4·41	·02	...
Satara	12	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	10	12	8	1	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	..	...	...	...	...	...	...	·04	...	...	·11	...	...	...	...	·94	1·16	·62	·30	·02	...	...
Poona	2,071	...	12	5	70	251	1	12	...	7	18	5	4	28	45	23	10	11	492	1,603	115	150	227	9	7
		...	6	...	12	...	...	...	...	...	3	1	1	...	...	...	7	...	...	33	...	...	...	...	...
		·03	·68	·45	9·72	16·99	·10	1·84	...	·24	2·03	·73	·45	1·44	3·94	·65	·98	·88	41·43	120·74	9·89	12·85	18·69	·22	2·10
Kirkee	766	...	...	1	30	71	...	...	...	...	1	...	...	5	3	22	2	5	142	518	42	46	54	6	...
		...	...	...	6	...	...	...	...	...	1	...	...	...	1	...	2	...	...	12	...	...	...	...	...
		...	...	·02	4·80	3·26	...	...	...	...	·35	...	...	·26	·19	·71	·09	·59	12·07	35·67	4·94	3·34	3·79	·24	...
Ahmednagar	1,001	...	...	4	2	360	...	...	1	1	22	3	16	34	4	8	1	14	211	1,070	59	36	16	1	2
		...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	2	...	...	6	...	...	...1·77	...	...
		...	...	·30	·24	10·74	...	...	·20	·02	2·32	·48	1·02	2·12	·28	·23	·16	·50	19·57	57·70	4·99	...	11·	·02	·08
GROUP IX.—DECCAN	* 10,029	...	12	10	214	1,586	55	158	7	44	107	19	35	254	160	83	33	101	2,023	8,912	531	524	968	30	11
		...	6	...	41	...	...	...	1	...	13	1	2	...	6	...	23	...	2	108	2	...	...	...	...
		·03	·68	·77	32·30	59·34	3·37	9·52	·84	1·30	11·15	3·77	2·58	11·66	13·93	2·27	2·59	8·36	175·80	553·67	53·85	43·17	78·78	·72	2·66
Colaba	1,296	2	...	...	3	142	...	...	...	1	42	10	2	31	5	16	1	15	374	1,063	87	109	178	5	...
		...	...	...	1	...	..	...	...	...	1	5	1	...	...	...	1	...	1	15	1	...	...	...	...
		·04	...	...	1·80	5·91	...	·03	...	·22	3·58	2·11	·39	1·74	·43	·81	·36	1·15	34·78	80·84	9·69	9·39	15·70	·07	·04
Cannanore	114	...	...	...	...	8	...	2	...	...	1	1	...	3	2	2	...	3	69	136	23	21	25	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·55	...	·07	...	...	·01	·08	...	·11	·14	·02	...	·15	5·72	9·59	1·66	2·08	1·98	·01	...
Calicut	91	...	...	...	1	2	...	1	...	..	3	...	...	2	3	3	...	...	23	79	4	6	13	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·30	·24	...	·01	...	...	·27	...	...	·06	·25	·36	·01	...	1·48	5·07	·25	·40	·83	...	...
Mallapuram	144	...	...	...	1	9	1	...	...		3	1	...	4	...	...	...	...	33	114	7	1	25	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
		...	...	..	·06	·17	·03	...	...	...	·10	·07	...	·10	...	...	...	...	2·25	5·11	·65	·02	1·58	...	...
GROUP X.—WESTERN COAST.	1,645*	2	...	...	5	161	1	3	...	1	49	14	2	40	10	21	1	18	499	1,392	121	137	241	6	...
		...	...	...	1	...	...	...	...	...	1	5	1	...	...	...	1	...	1	16	1	...	...	...	...
		·04	...	...	2·16	6·87	·03	·11	...	·22	3·96	2·26	·39	2·01	·82	1·19	·37	1·30	44·23	100·61	12·25	11·89	20·09	·08	·04

* Derived from the aggregate.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.
A																									
Bellary . . .	565	3	...	...	9	205	...	1	...	...	6	1	1	5	5	...	1	6	128	583	35	38	55	1	1
		...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	3	...	...	...	...	...
		·06	...	...	2·18	5·25	...	·02	·71	...	1·16	1·01	·08	1·00	1·58	...	·21	·79	11·51	38·05	5·46	2·40	3·65	·05	·61
Bangalore . .	2,304	2	...	...	73	165	1	5	...	...	18	15	5	29	30	66	4	12	476	1,703	118	108	250	3	3
		...	...	...	6	...	1	...	...	...	...	...	2	...	...	...	1	...	...	12	...	...	...	...	...
		·13	...	...	13·57	5·38	...	·30	·03	...	1·80	1·92	·52	1·05	2·25	1·96	·60	·91	35·61	101·13	9·18	7·35	19·08	·06	·12
B																									
Pallavaram . .	60	...	...	...	...	...	...	10	...	1	...	...	...	3	...	...	...	1	8	52	4	...	4	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	·25	...	·04	...	...	...	·08	...	...	...	·01	·35	1·49	·23	...	·12	...	...
St. Thomas' Mount	285	...	...	...	4	4	...	9	...	...	6	...	1	5	6	2	...	2	43	377	9	17	17	...	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...
		...	...	...	·46	·17	...	1·05	...	...	·62	...	·30	·42	1·05	·06	...	·23	4·20	25·17	·95	1·69	1·56	...	...
Madras . . .	577	...	...	...	4	13	6	3	...	3	3	1	2	16	14	3	1	6	138	628	36	34	68	1	2
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	3	...	...	...	...	...
		...	...	...	·87	·36	·28	·05	...	·06	·24	·36	·12	·54	·82	·06	·02	·64	5·55	28·04	1·67	1·41	2·47	·02	·27
Group XI.—Southern India.	*3,791	5	...	...	90	387	7	28	...	4	33	17	9	58	55	71	6	27	793	3,343	202	197	394	5	6
		...	...	...	9	...	1	...	...	...	2	...	2	...	...	...	3	...	...	21	...	...	...	...	...
		·19	...	...	17·08	11·16	·28	1·67	·74	·10	3·82	3·29	1·02	3·09	5·70	2·08	·83	2·58	57·22	193·83	17·49	12·85	26·88	·13	1·00
Ranikhet . .	1,257	32	...	...	24	26	1	30	3	...	21	4	2	39	...	31	1	10	231	919	17	57	157	3	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...
		1·05	...	...	4·11	1·14	·12	1·27	·34	...	2·15	1·23	·16	2·59	8·4	1·20	·25	·66	22·16	65·24	2·58	6·43	13·15	·06	...
Chaubuttia . .	522	...	...	...	5	2	...	...	1	...	5	...	1	2	...	5	1	4	79	183	10	15	54	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	3	...	...	...	...	...
		...	...	...	1·07	·04	...	...	·05	...	·26	...	·09	·35	·02	·13	·36	·21	5·19	11·36	·72	1·13	3·34	...	...
Chakrata . .	1,192	1	...	...	8	96	8	1	1	...	15	6	6	21	13	30	2	7	377	1,005	88	179	110	1	...
		...	...	...	2	1	...	...	...	...	...	...	...	...	2	...	1	...	...	8	...	...	...	...	...
		·02	...	...	1·48	4·05	1·80	·06	·08	...	1·61	1·56	·54	1·49	88	·98	·18	·56	34·92	72·07	8·83	16·94	9·15	·03	...
Lebong . .	718	...	1	...	...	21	5	9	...	...	3	3	2	8	1	15	1	3	110	322	45	23	42	...	2
		...	1	...	...	...	1	...	...	...	1	...	...	...	1	...	1	...	...	8	...	...	...	...	...
		...	·01	...	·06	1·11	·86	·41	...	...	·23	·56	·11	·56	·24	·84	·02	·09	12·25	25·23	5·12	2·86	4·27	...	·13
Solon . . .	225	...	...	...	2	5	...	...	...	...	...	...	1	...	...	1	...	2	43	97	11	16	16	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
		...	...	...	·21	·12	...	...	...	...	...	...	·03	...	...	·02	...	·08	3·50	5·38	·70	1·08	1·72	...	...
Dagshai . .	698	...	...	...	5	55	1	17	...	1	12	1	12	15	8	9	...	26	124	678	53	16	55	5	...
		...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	5	...	...	...	...	...
		...	...	...	1·26	1·91	·07	·40	...	·04	·73	·38	·89	·97	·31	·40	...	1·53	12·00	38·60	6·84	1·51	3·65	·11	·59
Subathu . .	415	8	...	...	5	39	2	17	...	8	8	1	4	12	3	3	...	...	71	411	33	1	37	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		·64	...	...	1·45	1·57	·12	1·00	...	·22	·73	·17	·48	·46	·13	·05	...	...	6·20	22·17	2·55	·02	3·63	...	...
Jutogh . . .	239	...	...	...	2	17	...	1	...	...	...	1	1	10	1	10	2	4	30	157	9	3	18	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
		...	...	...	·76	·86	...	·08	...	...	...	·27	·03	·29	·08	·36	·56	·40	2·15	10·45	·63	·22	1·30	...	·02
Khyragully . .	70	...	...	...	...	1	1	...	...	...	1	...	...	1	...	2	...	2	5	33	4	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...
		...	...	...	...	·03	·17	...	...	...	·04	...	...	·27	...	·06	...	·08	·60	2·39	·57	...	·03	...	...
Baragully . .	41	...	...	...	...	19	...	...	...	...	1	...	...	...	1	3	...	...	3	43	3	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·51	...	...	...	...	·07	...	...	...	·09	·04	...	...	·37	1·57	·37	...	...	...	...
Kuldannah . .	481	2	...	2	4	68	...	...	...	...	9	...	2	4	...	4	7	...	45	261	20	13	12	2	...
		...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...
		·05	...	·50	·79	2·63	...	...	...	...	1·39	...	·18	·35	...	·33	·56	...	3·84	16·71	1·77	1·23	·84	·02	...
Kalabagh . .	56	...	...	...	1	10	2	5	...	...	...	...	...	2	...	1	...	...	3	44	3	...	...	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
		...	...	...	·03	·20	·13	·16	...	...	...	...	...	·07	...	·02	...	...	·21	1·69	·21	...	...	...	...
Camp Gharial .	494	...	...	...	3	14	...	...	...	...	1	1	1	16	1	14	...	5	54	223	16	16	22	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·89	·67	...	·04	...	...	·25	·28	·27	·34	·12	·29	...	·15	3·99	12·54	·95	1·36	1·67	·02	...
„ Thobba .	414	...	...	...	14	81	...	...	...	...	3	...	3	10	...	2	1	2	38	248	16	10	12	1	2
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...
		...	...	...	2·15	3·30	...	...	...	...	·76	...	·12	·15	...	·06	·05	·07	1·56	11·95	·86	·25	·45	·05	·08
„ Upper Topa .	188	8	...	...	...	...	...	...	...	...	...	...	...	3	...	8	1	16	12	132	6	5	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
		·21	...	...	·07	·06	...	...	...	...	...	...	...	·06	...	·17	·23	·32	1·80	8·04	1·44	·34	·02	...	...
„ Lower Topa .	68	...	...	...	2	12	...	...	...	...	2	...	...	...	...	2	...	2	9	62	...	6	3	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·44	·72	...	...	...	...	·30	...	...	...	...	·13	...	·31	·77	4·27	...	·56	·21	...	...
Khanspur . .	427	...	...	...	6	75	...	...	2	...	4	4	1	3	...	8	2	4	51	339	14	14	23	...	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	4	...	...	...	...	...
		...	...	...	·87	2·33	...	...	·12	...	·17	·38	·09	·08	...	·37	·18	·25	3·66	15·71	1·10	1·22	1·34	...	...
Cherat . . .	388	...	...	...	6	...	...	39	1	1	7	...	1	4	5	1	...	4	17	263	5	...	12	...	2
		...	...	...	3	...	...	...	...	...	1	...	1	...	...	...	...	...	...	6	...	...	...	...	...
		...	...	...	·93	·19	...	2·12	·05	·02	·63	...	·11	·17	·24	·03	...	·16	1·28	14·39	·45	...	·83	...	·05

* Derived from the aggregates.

EUROPEAN TROOPS, 1904.

TABLE IV—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.
Quetta	2,515	4	...	...	71	106	...	215	...	4	75	7	20	100	22	24	4	66	327	1,958	37	47	243	3	...
		...	...	...	2	...	...	...	...	...	1	...	1	...	1	...	1	...	...	9	...	...	...	...	...
		·12	...	...	16·12	4·00	...	7·00	...	·16	14·05	2·16	1·00	5·21	2·00	1·42	·62	5·00	28·54	142·40	3·00	4·54	21·00	·08	...
Ramandrug	21	...	...	...	...	3	...	...	...	2	...	...	...	...	...	...	...	...	7	20	3	4	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·06	...	...	...	·05	...	...	...	...	...	...	...	...	·15	·48	·09	·06	...	...	...
Maymyog	343	...	...	...	...	83	2	...	...	...	9	2	...	7	2	4	4	3	199	398	59	91	49	1	...
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	1	4	1	...	...	...	...
		...	...	...	...	2·14	·33	...	...	...	·27	·17	...	·60	·05	·05	·57	·34	13·50	21·39	4·50	5·87	3·13	·08	...
GROUP XIIa.—HILL STATIONS.	* 10,722	55	1	2	158	733	22	334	8	16	176	30	55	257	72	177	26	160	1,835	7,796	452	516	867	17	7
		...	1	...	16	1	1	...	...	...	5	2	5	...	5	...	8	...	1	60	1	...	...	...	...
		2·09	·01	·50	32·69	27·64	3·60	12·54	·64	·49	23·64	7·16	4·10	14·01	5·00	6·96	3·58	10·21	158·64	504·03	43·29	45·62	69·73	·45	·87
Darjeeling	402	...	...	...	2	58	...	...	...	...	...	1	...	5	9	5	2	7	101	316	52	11	38	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	...	...	...	...
		...	...	...	·54	1·90	·31	·02	...	...	·06	·14	...	·15	·43	·09	·18	·19	9·03	17·64	4·21	1·10	3·72	·02	...
Naini Tal	209	...	...	...	3	17	3	8	...	...	1	...	...	4	1	...	...	7	28	126	12	6	10	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2	3	...	...	...	...	...
		...	...	·14	1·08	·39	·51	·25	...	...	·03	...	...	·24	·02	...	...	·64	2·57	8·55	1·15	·64	·78	...	...
Landour	185	3	...	...	3	51	1	...	...	...	5	...	...	2	2	..	1	10	30	186	10	3	17	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...
		·09	...	...	·82	2·19	·11	...	...	...	·40	...	...	·12	·13	...	·05	·91	3·05	11·98	1·96	·22	·87	·03	...
Kasauli	382	15	...	...	6	123	...	27	1	1	7	...	6	38	3	8	4	10	39	587	17	...	22	1	...
		...	...	...	1	...	..	...	...	...	...	...	...	...	...	...	2	...	...	4	...	...	...	...	...
		·21	...	...	·10	13·64	...	·32	·01	·02	·16	2·00	·11	4·73	·05	·20	·09	1·10	·84	48·73	·21	·40	·23	·02	...
Dalhousie	860	...	...	...	21	179	...	...	...	1	15	24	...	8	10	1	4	26	115	625	36	16	63	...	...
		...	...	...	3	...	...	...	...	...	...	1	...	...	...	...	...	...	...	5	...	...	...	...	...
		...	...	...	4·14	5·69	...	...	...	·05	2·11	3·99	...	·37	1·20	·09	·35	1·37	10·07	38·64	4·62	·96	4·49	...	...
Murree	118	...	...	...	1	17	...	10	...	...	1	...	1	2	...	...	...	3	13	76	1	7	5	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
		...	...	...	3·02	3·90	·56	·62	·10	·32	·26	·76	·22	·34	·27	·01	·03	·45	2·83	23·99	1·43	1·04	·36	...	·38
Taragarh	42	...	...	...	1	25	...	5	...	...	3	...	3	2	...	3	1	1	10	80	1	5	4	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·19	·65	...	·09	...	...	·27	...	·30	·07	...	·08	·04	·07	1·51	4·13	·48	·85	·18	...	...
Mount Abu	108	...	...	...	...	36	...	...	...	...	1	1	1	2	...	1	...	2	8	85	7	...	1	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...
		...	...	...	·06	1·48	...	...	...	...	·02	·35	·05	·33	...	·02	...	·21	1·23	6·56	1·07	...	·16	...	...
Pachmarhi	162	4	...	...	24	45	2	1	...	...	3	...	...	1	2	8	1	8	31	183	4	13	14	...	...
		...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...
		·10	...	...	4·42	1·18	·10	·03	...	...	·06	...	...	·04	·08	·13	·30	·72	2·32	11·54	·43	1·10	·79	...	...
Purandhur	172	...	...	...	1	31	...	...	...	...	4	...	3	8	1	...	1	2	31	147	23	2	6	...	...
		...	2	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...
		...	·0	...	2·14	·99	...	...	...	·02	·19	...	·17	·23	·06	...	·05	·07	4·29	13·27	2·89	·52	·88	...	...
Khandalla	34	...	-	...	...	25	...	...	...	...	1	...	...	1	...	...	...	1	5	51	2	1	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			...	...	...	2·70	...	...	...	...	·04	...	...	·03	...	...	...	·40	·39	4·83	·20	·04	·15	...	...
Wellington	876	...	...	...	21	130	...	6	1	...	8	1	5	49	13	17	3	11	234	920	106	51	77	2	1
		...	...	...	3	...	...	...	...	...	...	...	...	...	..	...	...	...	1	8	1	...	...	...	...
		...	...	...	5·19	7·37	...	·22	·24	...	·91	·42	·21	1·70	·71	·45	·81	·84	23·82	65·17	12·28	4·83	6·71	·02	·18
GROUP XIIb.—HILL CONVALESCENT DEPÔTS, AND SANITARIA.	* 3,551	22	...	...	83	737	6	57	2	2	49	27	19	122	41	43	17	88	645	3,382	271	115	259	5	1
		...	...	...	12	...	...	...	...	...	2	1	1	...	...	...	4	1	2	32	2	...	...	...	...
		·40	·02	·14	21·70	42·08	1·59	1·55	·35	·41	5·51	7·66	1·05	8·35	2·96	1·07	1·88	6·97	61·95	255·03	30·93	11·70	19·32	·09	·50
Troops marching, India.	1,761	...	...	3	17	189	4	5	1	6	6	3	6	14	17	14	1	11	257	922	59	74	124	...	2
		...	...	...	..	...	...	...	...	3	1	...	2	...	...	...	...	...	...	11	...	...	...	...	...
		...	...	·02	·14	1·35	·03	·04	...	·01	·06	·03	·02	·16	·09	·10	·01	·10	1·60	5·83	·46	·37	·77	...	·01
Aden Column Field Force.	421	...	...	...	6	454	...	...	...	4	15	1	1	9	13	3	1	2	3	664	2	...	1	1	...
		...	...	...	1	1	...	...	...	1	...	...	1	...	...	...	1	...	...	6	...	...	...	...	...
																				19·75	...	...	...	...	...
Sikkim—Tibet Mission Force.	249	...	...	...	5	49	1	...	...	...	3	...	2	9	12	13	...	1	4	179	1	2	1	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...
																				8·34	...	...	...	...	...
Deolali Depôt	686	...	...	1	6	124	...	6	...	1	9	1	5	17	9	1	1	8	171	522	65	22	84	1	1
		...	...	...	1	1	...	...	...	...	3	4	...	...	...	...	3	...	...	17	...	...	...	...	...
		...	...	·11	1·13	5·79	...	·10	·02	·23	4·12	4·76	·46	1·13	1·09	·01	·36	1·76	15·12	55·04	8·85	1·38	4·89	·04	·91
Poonamallee Depôt	129	...	...	...	...	10	2	1	...	...	8	1	...	6	11	...	4	5	21	153	14	2	5	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	3	...	...	...	...	...
		...	...	...	·27	2·38	·28	·55	...	...	2·03	2·78	...	1·01	4·23	·09	1·04	1·31	16·27	46·19	8·88	2·73	4·66	...	...

* Derived from the aggregates.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations Commands and Divisions.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.
Extra India. den	1,367	... ...	... ...	... ...	10 2 1·18	665 6 25·08	... ...	1 ... ·08	... ...	5 2 ·28	24 1 3·33	4 1 1·09	2 1 1·14	20 ... 1·58	22 ... 1·00	15 ... 1·58	6 4 ·95	7 ... ·77	67 ... 6·21	1,239 22 70·98	10 ... 1·32	10 ... 1·92	47 ... 2·97	2 ... ·96	2 ... ·17
INDIA. † Remaining from 1903.	* 71,083	2	...	5	228	329	5	31	5	...	79	32	25	61	77	118	29	56	1,204	3,531	329	383	492	...	38
Admitted		349	16	49	1,395	12,371	245	1,684	37	319	935	202	240	1,519	898	930	185	1,142	14,113	64,006	3,488	3,853	6,772	155	74
Died		...	11	4	267	17	7	...	1	35	49	27	37	7	30	...	97	1	15	770	15	...	...	...	...
Died out of Hospital.		...	1	...	...	1	...	...	...	8	13	...	2	...	...	...	...	...	...	82	...	...	...	...	...
Constantly sick.		12·35	·74	5·42	256·20	455·84	22·65	70·40	5·39	10·86	107·97	52·39	21·92	81·65	74·09	33·01	22·36	69·40	1,241·00	4,051·24	383·47	322·21	535·32	4·49	14·23
Average duration of a case in days.		12·95	16·93	40·48	67·22	13·49	33·84	15·30	53·32	12·45	42·26	94·92	33·43	19·67	30·20	12·99	44·24	22·24	32·18	23·17	40·24	30·61	28·93	10·60	70·38
orthern Command	* 18,297	214 .. 6·17	... ...	10 1 2·01	377 78 65·31	3,700 3 151·98	42 1 4·84	384 ... 12·35	17 ... 1·82	192 19 6·40	207 11 22·13	67 9 18·51	75 16 7·66	354 1 18·88	138 4 10·88	235 ... 7·25	48 16 5·59	280 ... 16·39	2,625 4 232·89	16,113 204 962·65	758 4 88·50	587 ... 42·47	1,280 ... 101·92	44 ... ·93	19 ... 3·33
estern Command	* 19,699	13 ... ·42	12 6 ·70	12 ... 1·04	396 73 74·93	4,177 7 154·62	74 ... 4·56	325 ... 14·88	6 1 ·77	54 5 2·41	349 22 45·86	48 12 14·48	81 10 6·92	460 1 25·04	233 8 19·15	235 ... 8·92	56 37 6·78	252 .. 20·48	3,852 4 349·83	17,916 244 1,189·30	862 4 92·21	1,098 ... 106·57	1,892 ... 151·05	52 ... 1·22	30 ... 7·56
astern Command	* 18,648	105 ... 5·31	4 4 ·04	24 3 2·35	396 81 78·70	2,409 5 96·82	88 3 9·98	699 ... 32·01	8 ... ·99	45 6 1·44	212 8 22·88	44 4 9·82	46 4 4·89	323 4 22·00	291 13 24·70	260 ... 11·32	47 29 4·96	497 1 22·35	4,271 4 374·73	16,539 207 1,102·11	909 4 102·20	1,256 ... 100·93	2,106 ... 171·60	44 ... 1·97	10 ... 1·01
ecunderabad Division.	* 8,226	5 ... ·19	... ...	... ...	184 27 33·98	826 ... 32·41	13 2 1·45	121 ... 6·22	4 ... 1·37	16 ... ·54	83 4 11·15	26 ... 8·03	23 2 2·01	216 ... 9·70	144 1 15·26	94 ... 3·14	23 11 3·48	73 ... 7·27	1,798 2 167·13	7,515 60 508·60	542 2 63·72	408 ... 34·74	848 ... 68·67	10 ... ·14	9 ... 1·66
urma Division	* 3,782	12 ... ·26	... 1 ...	... ...	14 1 3·14	567 1 18·66	23 1 1·79	150 ... 4·90	1 ... ·44	2 1 ·06	60 3 5·89	13 2 1·52	6 2 ·42	134 1 5·97	50 3 4·01	76 .. 2·28	9 3 1·54	26 ... 2·81	1,303 1 114·82	4,158 35 254·66	355 1 36·38	428 ... 37·13	520 ... 41·31	4 ... ·16	4 ... ·66

Groups and Commands.	1. Strength. 2. Constantly sick.												Total.
	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
Group I.—Burma Coast and Bay Islands.	1,083 123·25	1,021 114·10	1,048 99·45	1,046 111·83	1,054 96·48	1,174 119·53	1,170 120·68	1,164 111·87	1,135 87·90	1,062 66·35	1,105 64·03	1,128 67·51	13,190 1,182·98
" II.—Burma Inland	1,906 140·06	1,997 108·48	1,851 96·90	1,881 103·14	2,282 135·85	2,647 140·06	2,660 159·37	2,700 162·97	2,626 142·02	2,334 134·65	2,844 153·53	2,330 139·20	28,058 1,616·23
" IV.—Bengal and Orissa.	2,386 175·64	2,045 167·75	1,389 111·48	1,640 117·40	1,574 117·80	1,475 100·26	1,423 113·96	1,413 136·42	1,386 149·07	1,389 131·84	1,557 147·28	1,731 141·94	19,408 1,610·84
" V.—Gangetic Plain and Chutia Nagpur.	6,566 372·61	7,017 341·74	6,848 337·75	6,883 413·36	6,731 423·22	6,634 444·70	6,622 395·11	6,671 365·40	6,738 438·13	6,732 432·49	6,636 447·02	6,409 416·43	80,487 4,827·96
" VI.—Upper Sub-Himalaya.	18,565 1,202·38	19,544 1,093·31	18,108 886·61	13,442 692·47	9,928 549·42	9,651 565·13	9,538 559·51	9,528 607·86	9,743 563·74	12,799 632·26	17,411 964·64	17,054 984·47	165,311 9,301·80
" VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	5,372 300·03	5,409 266·75	5,781 236·42	5,392 256·33	4,342 231·22	4,170 227·63	4,132 214·45	4,115 258·94	4,066 253·33	4,797 257·87	5,681 318·93	5,600 311·28	58,857 3,133·18
" VIII.—South-Eastern Rajputana, Central India, and Gujarat.	6,145 469·06	6,482 459·75	6,466 447·91	6,355 452·07	6,113 399·18	6,201 362·14	6,205 358·66	6,341 439·97	6,471 460·73	6,538 462·70	5,692 446·48	5,850 423·41	74,859 5,182·06
" IX.—Deccan	9,658 675·58	9,283 664·65	10,008 591·84	9,896 557·65	9,923 476·93	10,122 523·89	10,337 530·44	10,380 549·81	10,240 559·49	10,535 498·48	9,823 511·37	10,148 503·94	120,353 6,644·07

Note.—Constantly sick × 365 = total annual loss of service.

* Derived from the aggregates.

† Remaining + admitted = total treated; remaining + admitted + died out of hospital = total cases.

TABLE IV—*concluded.*

GROUPS COMMANDS AND DIVISIONS.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
	1. STRENGTH.						2. CONSTANTLY SICK.						
GROUP X.—WESTERN COAST .	1,929	1,502	1,605	1,652	1,597	1,523	1,416	1,418	1,590	2,142	1,722	1,643	19,739
	108·27	95·93	107·26	101·34	101·06	80·70	81·29	74·68	79·97	141·59	124·09	111·13	1,207·29
„ XI.—SOUTHERN INDIA .	3,864	3,835	3,937	3,846	3,798	3,802	3,965	3,945	3,766	3,582	3,668	3,486	45,494
	200·49	171·60	162·30	194·36	154·33	170·47	204·29	221·65	233·37	190·64	206·90	216·12	2,326·52
„ XII*a*.—HILL STATIONS .	3,792	3,558	6,803	12,256	16,378	16,780	16,787	16,861	16,219	10,431	5,199	4,200	129,264
	206·64	177·55	247·47	513·81	764·49	883·60	825·94	794·02	689·64	458·48	280·36	206·09	6,048·04
„ XII*b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA.	1,238	1,182	2,176	4,119	5,559	5,692	5,452	5,294	5,061	3,711	1,826	1,307	42,617
	96·87	88·64	129·46	250·34	380·84	411·29	377·10	373·93	369·73	307·76	157·84	116·57	3,060·37
INDIA	69,876	68,631	70,965	72,135	72,731	72,753	72,396	72,468	72,074	70,010	70,099	68,856	852,994
	4,326·69	4,001·14	3,716·90	4,011·63	4,092·73	4,208·10	4,121·82	4,267·39	4,187·07	3,900·49	3,981·10	3,799·79	48,614·85
NORTHERN COMMAND . . .	17,268	17,445	18,091	18,233	19,139	19,539	19,473	19,349	18,999	17,598	17,896	16,563	219,593
	1,057·12	966·50	806·79	854·54	1,038·68	1,095·93	1,031·94	1,059·98	919·57	881·60	964·04	925·13	11,551·82
WESTERN COMMAND . . .	19,145	18,741	19,758	19,990	20,621	19,975	19,636	19,704	19,843	20,711	18,914	19,337	236,375
	1,328·36	1,242·81	1,229·05	1,267·93	1,202·19	1,141·94	1,102·61	1,179·58	1,212·23	1,187·31	1,120·57	1,057·03	14,271·61
EASTERN COMMAND . . .	16,921	17,894	18,860	20,553	20,216	19,890	19,772	19,946	19,923	18,347	16,181	15,276	232,779
	1,062·67	982·62	939·59	1,121·63	1,146·86	1,195·09	1,141·20	1,144·14	1,213·14	1,149·46	1,099·97	1,029·01	13,225·38
SECUNDERABAD DIVISION . .	7,898	7,906	8,211	8,358	8,438	8,466	8,514	8,477	8,133	8,264	8,052	7,998	98,715
	541·18	505·36	462·64	490·33	421·89	469·44	516·61	554·63	561·07	497·19	541,98	540·86	6,103·18
BURMA DIVISION	3,559	3,568	3,641	3,701	3,717	3,937	3,956	3,998	3,878	3,496	4,044	3,870	45,365
	293·08	259·55	238·16	265·04	260·62	268·26	287·79	284·74	240·75	208·97	227·36	221·58	3,055·90

EUROPEAN TROOPS, 1904.

TABLE V.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

(The ratios of sickness and mortality will be found in Table III.)

NORTHERN COMMAND.

Khyragali.—No defects reported.

Murree.—No defects reported.

Kasauli.—The following defects have been brought to notice.—(1) The water-supply is not satisfactory and its mode of conveyance bjectionable. (2) The bazar is overcrowded. (3) The incinerators are not working satisfactorily.

The General Officer Commanding the Division says as regards the defects numbered above :—(1) A new pipe supply will be ready by time the troops arrive this spring. (2) Every effort is being made to avoid overcrowding. (3) It is proposed to abolish the incinera- s and substitute shallow trenches.

WESTERN COMMAND.

Ahmedabad.—The following defects have been brought to notice :—(1) Pucca drain required in Sudder Bazar. (2) Provision of water ply to Mortuary is needed.

The General Officer Commanding the District says as regards the defects numbered above :—No orders have been issued.

The Lieutenant-General Commanding the Forces remarks on the above defects :—No action necessary.

Jhansi.—The following defects have been brought to notice :—(1) Sweepers are badly paid. (2) The building reappropriated in the dfordshire lines for a Dairy is unsuitable.

The General Officer Commanding the District says in regard to the above defects :—(1) The sweepers are paid at the authorized rate ch is not in my power to alter. (2) No other building is available, consequently no action can be taken by me except issuing an order to e the Dairy which I do not consider advisable.

The Lieutenant-General Commanding the Forces remarks on the above defects :—(1) Not a question of Sanitary defects. (2) This is a ject which can be dealt with by the General Officer Commanding.

Indore.—No defects reported.

Pachmarhi.—The following defects have been brought to notice :—(1) System of conservancy with regard to officers' quarters is olete and the installation of moveable latrines is advocated and recommended. (2) Latrines and urinals in barracks are only 25 yards ant from the cook-houses. Their removal and the construction of improved fly-proof latrines, etc., at a greater distance from the cook- ses is recommended.

The General Officer Commanding the District says as regards the defects numbered above :—(1) Under reference. (2) This question was rred to Comdg. Royal Engineer, Bengal, but owing to the re-organization scheme sanction was held over. The system of fly-proof ines as recommended by Principal Medical Officer is not approved by Comdg. Royal Engineer, Eastern Command, as a better system in at Jubbulpore has received the sanction of Director-General, Military Works, and is being experimented with at Fort William and erut and pending results no steps can be taken in the matter.

The Lieutenant-General Commanding the Forces remarks on the above defects :—(1) Is a local question. (2) The local authorities e been informed that the idea of locating additional troops at this station has been abandoned and they should re-open the queston of ines and cook-houses.

Deolali.—The following defects have been brought to notice :—(1) The Station Hospital is too small for requirements during the oping season. (2) The enlargement of the Cantonment boundaries on Sanitary grounds is essential.

The General Officer Commanding the District says as regards the defects numbered above :—(1) An approximate estimate for enlarge- t has been submitted. (2) Additional land is being acquired.

The Lieutenant-General Commanding the Forces remarks on the above defects :—(1) The provision of a larger hospital is under consi- ation. In view, however, of the recent introduction of the direct embarkation scheme and the probable use in the near future of Kurachee an embarkation depôt for troops to the North and West of Delhi, the necessity for Deolali will lessen and the present hospital suffice neet all requrirements. (2) All necessary action in this case is being taken. The first scheme for extending the limits has been abandoned only small plots of ground for filth-trenching purposes and for use as a Hindu cemetery are now being acquired.

EASTERN COMMAND.

Barrackpore.—The following defects have been brought to notice :—(1) An incinerator or a septic tank in lieu of the trenching system rgently required. A septic tank would be preferable, but there are obstacles in the way regarding the disposal of the effluent. (2) In slaughter-houses and butcher shops the bamboo poles with rope hangings should be replaced by metal hooks and chains. Wire gauze uld be placed over every opening. More frequent lime washing is required. (3) The old main drain which runs through the Barrack ground r the Roman Catholic Church requires cementing at its bottom and the sides at the junction with the bottom. (4) Improved ventilation he Cantonment Hospital, and an alteration of the wards is required. (5) Landlords whose houses do not contain a water-supply, should be ered to furnish one. (6) The ground round the water stand-pipes is swampy, due to want of care on the part of the Bhisties and to Natives hing and bathing at them. (7) Washing tanks should be provided for Natives. (8) The Civil Medical authorities have been communi- ed with, with a view to getting the large swamp at the west end of the Park and running at right angles to the River-side Park and Middle d done away with, either by filling in or draining. (9) The jungle between the Cantonments and the Railway Station should be oved.

TABLE V.—*concluded.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, and SUGGESTIONS, etc.

[The ratios of sickness and mortality will be found in Table III.]

BURMA DISTRICT.

The General Officer Commanding the District says as regards the defects numbered above :—(1) Is under consideration. (2) These are being carried out. (3) There is no money at present. (4) Is being carried out. (5) The Cantonment Committee will consider this. (6) Attention has been called to this. (7) The Cantonment Committee will consider this. (8) The Civil authorities have been approached on this subject. (9) This has been done.

The Lieutenant-General Commanding the Forces remarks on the above defects :—(1) Await result of trial at Ishapore. (3) This will be done when funds become available.

Dinapore.—No sanitary report.

Fatehgarh.—No defects reported.

SECUNDERABAD DIVISION.

Poonamallee.—No defects reported.

BURMA DIVISION.

Rangoon.—No defects reported.

TABLE VI.

INFLUENZA by months, stations, groups, commands and divisions.

STATIONS* AND GROUPS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												
Rangoon	...	...	...	...	...	8	3	...	...	...	..	...	11
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	8	3	...	...	...	...	...	11
Thayetmyo	1	...	...	...	...	...	...	...	...	...	...	...	1
GROUP II.—BURMA INLAND	1	...	...	...	...	...	...	...	...	...	...	...	1
Fort William	...	...	...	...	...	...	2	18	13	10	3	1	47
Barrackpore	...	...	...	1	...	...	...	...	...	...	...	...	1
GROUP IV.—BENGAL AND ORISSA	...	...	...	1	...	...	2	18	13	10	3	1	48
B													
Lucknow	...	...	...	...	...	...	...	...	...	10	3	2	15
Fatehgarh	...	...	3	...	...	...	...	...	...	...	...	...	3
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	..	3	...	...	...	...	...	...	10	3	2	18
A													
Ambala	...	...	...	...	8	...	...	...	...	27	117	19	171
B													
Mian Mir	...	...	...	...	2	...	...	...	...	...	...	...	
Fort Lahore	...	...	...	...	2	1	...	...	...	...	...	...	
Rawalpindi	...	...	...	1	...	...	...	..	...	1	1	2	
GROUP VI.—UPPER SUB-HIMALAYA	...	...	...	1	12	1	...	...	...	28	118	21	181
Agra	...	...	...	...	...	...	...	...	...	...	3	...	3
Indore	...	...	...	...	...	...	...	...	...	...	...	1	1
Mhow	...	...	...	...	...	...	...	...	...	...	2	...	2
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	...	...	...	...	...	...	...	...	5	1	6
Poona	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	...	...	...	...	...	...	...	...	...	...	...	...
Colaba	...	...	...	...	...	...	...	...	...	2	...	...	2
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	2	...	...	2
A													
Bellary	...	...	...	2	1	...	...	...	...	...	...	...	3
Bangalore	...	...	...	1	1	...	...	...	...	...	...	...	2
GROUP XI.—SOUTHERN INDIA	...	...	...	3	2	...	...	...	...	...	...	...	5

TABLE VII.

CHOLERA by months, stations, groups, commands and divisions.

STATIONS* AND GROUPS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
	ADMISSIONS FROM CHOLERA IN EACH MONTH.												
Rangoon	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort William	...	...	...	...	2	...	...	...	...	...	...	1	3
Barrackpore	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	...	...	...	...	2	...	...	...	...	..	...	1	3
B													
Lucknow	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh	...	...	...	...	...	...	...	...	..	...	...	..	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	...	...	...	...	...	...	...	...	...	...	...	...
A													
Ambala	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Mian Mir	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lahore	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	...	...	...	...	...	...	...	3	9	...	...	...	12
GROUP IX.—DECCAN	...	...	...	...	...	...	...	3	9	...	...	...	12
Colaba	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...
A													
Bellary	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table III.

EUROPEAN TROOPS, 1904.

TABLE VI—*concluded.*

INFLUENZA by months, stations, groups, commands and divisions.

Stations,* Groups, Commands and Divisions.	Admissions from Influenza in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Ranikhet	...	...	5	13	1	7	6	...	...	...	...	...	32
Chakrata	...	...	...	...	...	1	...	...	...	...	...	...	1
Lebong	...	...	...	...	...	...	..	...	...	...	...	...	...
Subathu	...	..	...	...	8	...	...	...	...	...	...	...	8
Kuldunnah	...	...	...	...	...	...	2	...	...	...	...	...	2
Upper Toppa	...	...	...	...	...	7	1	...	...	...	...	...	8
Quetta	1	...	...	...	...	...	2	...	...	1	...	...	4
Group XII*a*.—Hill Stations	1	...	5	13	9	15	11	...	...	1	...	...	55
Landour	...	...	...	...	...	1	1	1	...	...	...	...	3
Kasauli	...	...	...	2	10	2	1	...	...	...	...	...	15
Pachmarhi	...	...	...	1	...	2	...	...	...	...	1	...	4
Group XII*b*.—Hill Convalescent Depôts, and Sanitaria	...	...	...	3	10	5	2	1	...	...	1	...	22
INDIA	2	...	8	21	33	29	18	19	13	51	130	25	349
Northern Command	...	...	...	3	30	10	4	...	..	28	118	21	214
Western Command	1	...	...	1	...	2	2	...	...	3	3	1	13
Eastern Command	...	...	8	14	1	9	9	19	13	20	9	3	105
Secunderabad Division	...	...	...	3	2	...	...	...	...	...	...	...	5
Burma Division	1	...	...	...	...	8	3	...	...	...	...	...	12

TABLE VII—*concluded.*

CHOLERA by months, stations, groups, commands and divisions.

Stations,* Groups, Commands and Divisions.	Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Ranikhet	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong	...	...	...	...	...	...	...	1	...	...	...	...	1
Subathu	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah	...	...	...	...	...	...	...	...	...	...	...	...	...
Upper Toppa	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XII*a*.—Hill Stations	...	...	...	...	...	...	...	1	...	..	...	...	1
Landour	...	...	...	...	...	...	...	...	...	...	..	...	...
Kasauli	...	...	...	...	..	...	...	...	...	...	...	...	...
Pachmarhi	...	...	...	...	...	...	...	...	...	...	..	..	...
Group XII*b*.—Hill Convalescent Depôts, and Sanitaria	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	...	...	...	...	2	...	...	4	9	...	...	1	16
Northern Command	...	...	...	...	...	...	...	...	...	...	...	...	...
Western Command	...	...	...	...	...	...	...	3	9	...	...	...	1
Eastern Command	...	...	...	...	2	..	...	1	...	...	...	1	
Secunderabad Division	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma Division	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE VIII.

ENTERIC FEVER by months, stations, groups, commands and divisions.

Stations* and Groups.	Admissions from Enteric Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	1	...	...	...	...	...	2	2	...	1	1	1	8
Group I.—Burma Coast and Bay Islands	1	...	...	...	...	...	2	2	...	1	1	1	8
Thayetmyo	...	...	...	...	...	...	2	...	...	...	...	...	2
Meiktila	...	...	...	...	...	...	1	...	...	...	...	...	1
Fort Dufferin	1	...	...	...	...	...	...	...	...	...	...	...	1
Shwebo	...	...	...	...	...	1	...	1	...	...	...	...	2
Group II.—Burma Inland	1	...	...	...	...	1	3	1	...	...	...	...	6
Fort William	...	...	...	2	...	...	...	...	...	...	1	...	3
Fort Chingrikhal	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	1	...	2	3	...	...	...	...	..	...	...	...	6
Group IV.—Bengal and Orissa	1	...	2	5	...	...	...	...	...	...	1	...	9
B													
Dinapore	...	...	4	5	2	1	...	3	1	2	4	1	23
Benares	...	...	1	1	...	...	...	...	...	...	...	...	2
Allahabad	..	1	...	1	...	1	...	...	1	...	...	...	4
Fort Allahabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	3	...	...	2	5	...	...	...	1	1	...	2	14
Sitapur	...	...	...	1	...	...	...	...	1	...	...	...	2
Lucknow	2	1	7	36	22	11	...	17	8	19	9	1	133
Cawnpore	...	...	...	2	...	1	...	2	...	3	...	...	8
Fatehgarh	1	...	...	3	6	...	1	1	1	1	...	...	14
Group V.—Gangetic Plain and Chutia Nagpur	6	2	12	51	35	14	1	23	13	26	13	4	200
A													
Shahjahanpur	...	...	...	...	...	...	...	...	1	...	...	...	1
Bareilly	...	...	2	7	...	1	1	...	...	...	1	...	12
Roorkee	...	1	...	2	1	...	...	...	...	1	1	1	7
Meerut	7	5	9	22	9	8	4	8	3	5	3	2	85
Delhi	...	...	...	1	...	...	...	...	...	...	...	1	2
Umballa	19	10	8	11	10	1	2	2	1	2	23	16	105
B													
Jullundur	1	...	3	3	7	6	...	...	...	...	...	1	21
Ferozepore	...	...	...	4	2	1	1	...	...	1	...	...	9
Amritsar	...	...	...	...	...	...	...	...	...	...	1	...	1
Mian Mir	1	...	...	...	2	4	1	...	...	1	...	1	10
Fort Lahore	1	...	...	...	...	...	...	...	...	...	1	...	2
Sialkot	7	...	...	4	14	8	2	...	...	2		...	37
Rawalpindi	7	3	1	7	7	15	3	2	4	6	10	19	84
Campbellpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	...	...	...	...	1	2	...	...	...	...	...	...	3
Group VI.—Upper Sub-Himalaya	43	19	23	61	53	46	14	12	9	18	40	41	379
A													
Nowshera	...	...	...	1	3	1	1	...	1	...	...	...	7
Peshawar	4	...	...	1	5	4	3	...	1	...	1	1	20
Mooltan	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Hyderabad	...	1	4	...	...	...	...	...	...	1	...	...	6
Kurrachee	...	...	...	1	...	1	...	...	...	...	1	...	3
Group VII.—North-West Frontier, Indus Valley, and North-Western Rajputana	4	1	4	3	8	6	4	...	2	1	2	1	36
A													
Deesa	1	...	1	1	...	...	...	...	...	...	...	...	3
Ahmedabad	...	...	...	1	...	...	...	...	1	...	...	...	2

TABLE IX.

SIMPLE CONTINUED FEVER by months, stations, groups, commands and divisions.

Stations* and Groups.	Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	2	...	...	...	1	...	...	...	...	...	1	...	4
Rangoon	...	...	1	1	11	24	18	12	17	7	2	12	105
Group I.—Burma Coast and Bay Islands	2	...	1	1	12	24	18	12	17	7	3	12	109
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	1	2	6	4	2	3	1	1	5	4	2	31
Fort Dufferin	...	...	...	...	...	...	...	...	...	5	...	...	5
Shwebo	...	...	...	...	3	2	...	...	...	...	...	...	5
Group II.—Burma Inland	...	1	2	6	7	4	3	1	1	10	4	2	41
Fort William	...	1	2	2	5	7	11	9	5	1	2	2	47
Fort Chingrikhal	...	...	...	...	1	...	...	...	...	...	...	...	1
Barrackpore	...	...	...	...	...	...	...	...	11	8	4	1	24
Group IV.—Bengal and Orissa	...	1	2	2	6	7	11	9	16	9	6	3	72
B													
Dinapore	...	1	24	18	7	2	1	...	...	..	...	...	53
Benares	...	...	...	...	2	2	...	1	...	2	...	2	9
Allahabad	...	...	...	1	4	2	1	4	9	1	2	...	24
Fort Allahabad	...	...	4	...	...	2	3	4	4	1	1	...	19
Fyzabad	...	...	3	2	6	9	1	2	25	18	4	4	74
Sitapur	1	3	2	2	1	5	2	6	4	4	...	...	30
Lucknow	7	11	3	16	43	17	2	9	50	57	29	6	250
Cawnpore	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh	...	...	...	1	...	3	5	...	...	...	...	...	9
Group V.—Gangetic Plain and Chutia Nagpur	8	15	36	40	63	42	15	26	92	83	36	12	468
A													
Shahjahanpur	...	...	...	1	...	...	...	2	...	...	...	...	3
Bareilly	...	...	...	1	15	11	10	8	22	4	1	...	72
Roorkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	...	...	...	2	6	...	1	...	...	5	8	...	22
B													
Jullundur	...	1	1	...	...	...	...	...	...	...	...	...	2
Ferozepore	...	...	..	...	...	..	...	...	...	...	...	...	...
Amritsar	...	...	...	...	...	1	...	...	...	...	...	...	1
Mian Mir	...	...	...	...	...	3	27	16	5	...	...	1	52
Fort Lahore	...	...	...	...	...	...	1	1	...	...	...	...	2
Sialkot	1	...	2	2	3	4	7	2	...	1	...	...	22
Rawalpindi	...	...	...	2	...	...	...	...	...	...	1	...	3
Campbellpur	...	...	...	...	7	4	12	4	5	...	...	...	32
Attock	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	1	1	3	8	31	23	58	33	32	10	10	1	211
A													
Nowshera	...	...	...	1	1	4	...	1	2	12	3	2	26
Peshawar	...	2	...	4	25	7	22	4	16	1	8	...	89
Mooltan	...	1	...	1	1	10	3	1	...	...	...	...	17
C													
Hyderabad	...	...	...	...	...	...	...	...	...	...	..	..	...
Kurrachee	1	2	...	1	...	2	...	...	...	...	2	..	8
Group VII.—North-West Frontier, Indus Valley, and North-Western Rajputana	1	5	...	7	27	23	25	6	18	13	13	2	140
A													
Deesa	...	...	...	...	...	...	...	...	...	3	...	...	3
Ahmedabad	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table III.

TABLE VIII—*concluded.*

ENTERIC FEVER by months, stations, groups, commands and divisions.

TABLE IX—*concluded.*

SIMPLE CONTINUED FEVER by months, stations groups, commands and divisions.

Stations and Groups.	Admissions from Enteric Fever in each month.													Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B																										
Neemuch	...	...	...	2	...	...	...	5	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	...	1	1	5	2	...	...	4	...	3	...	1	17	...	...	...	...	...	1	...	...	...	...	...	1	2
Muttra	...	...	...	3	...	...	...	...	...	...	3	1	7	...	...	...	...	...	...	...	...	...	6	1	...	7
Agra	1	...	...	1	1	...	...	...	1	2	4	18	28	...	...	6	3	...	...	1	...	17	2	...	...	29
Jhansi	6	12	8	7	4	...	1	2	2	3	1	3	49	...	...	...	...	...	1	...	...	...	...	...	...	1
Nowgong	...	...	...	...	...	1	1	...	...	...	...	1	3	...	...	...	...	...	...	1	...	1	...	...	...	2
Indore	...	...	...	1	...	...	...	2	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	11	1	3	8	8	2	7	...	2	...	1	1	44	...	1	...	1	1	1	1	1	...	...	...	...	6
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	19	14	13	29	15	3	9	13	6	8	9	25	163	...	1	6	4	1	3	3	1	18	11	1	1	50
A																										
Saugor	...	...	...	...	...	...	1	...	...	...	...	1	2	...	...	...	2	2	2	...	...	1	...	...	...	7
Jubbulpore	...	1	5	2	2	1	5	...	...	...	...	1	17	3	...	...	...	2	4	4	5	10	9	4	1	42
Kamptee	...	2	...	...	3	1	1	1	1	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	1	1	2	...	16	15	12	7	6	...	6	5	71	13	10	4	3	5	14	7	6	1	4	7	9	83
Belgam	2	4	2	...	2	1	1	...	1	...	...	...	13	...	1	2	2	4	...	...	3	2	...	...	...	14
Poona	...	1	1	2	1	3	3	41	13	2	3	...	70	...	...	...	...	...	...	...	1	6	2	1	2	12
Kirkee	...	1	...	2	2	...	2	12	7	3	1	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	3	10	10	7	26	21	25	61	28	5	11	7	214	16	11	6	7	13	20	11	15	20	15	12	12	158
Colaba	...	2	...	...	...	...	...	1	...	..	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2
Calicut	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1
Mallapuram	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	...	2	...	...	...	...	1	1	...	...	...	1	5	...	...	...	...	...	...	...	1	...	2	...	...	3
A																										
Bellary	...	3	...	...	...	...	...	1	...	...	4	1	9	1	...	...	...	...	...	...	...	...	...	...	...	1
Bangalore	3	1	4	...	5	18	24	13	2	3	...	...	73	...	...	...	...	...	...	...	...	1	1	2	1	5
B																										
Pallavaram	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	4	1	...	...	...	...	10
St. Thomas' Mount	...	...	...	2	...	...	...	...	...	...	2	...	4	...	...	3	1	4	1	...	...	...	...	...	...	9
Madras	1	...	1	1	...	...	1	...	...	...	...	...	4	...	...	...	...	1	1	1	...	...	..	...	...	3
Group XI.—Southern India	4	4	5	3	5	18	25	14	2	3	6	1	90	1	1	3	1	5	6	5	1	1	1	2	1	28
Ranikhet	...	1	1	3	8	9	1	1	...	...	...	...	24	...	...	...	...	6	5	4	...	4	9	2	...	30
Chaubuttia	...	...	1	2	2	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	...	...	3	4	...	...	...	...	1	...	...	...	8	...	...	...	...	...	...	1	...	...	...	...	...	1
Lebong	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	2	...	...	1	2	...	9
Solon	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Dagshai	...	...	...	3	1	...	...	...	...	...	1	...	5	...	...	...	...	...	10	4	...	2	...	1	...	17
Subathu	...	...	2	1	...	1	...	1	...	...	...	...	5	...	...	...	12	...	2	1	2	...	...	...	...	17
Jutogh	...	..	...	1	...	...	...	...	1	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	1
Kuldunnah	...	...	...	...	1	1	...	1	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	4	1	...	...	...	...	...	...	5
Camp Gharial	...	...	...	1	...	...	2	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Thobba	...	...	...	...	11	3	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Lower Topa	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur	...	...	...	...	2	4	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat	...	...	...	...	...	3	...	1	1	1	...	...	6	...	...	...	4	5	6	5	11	7	1	...	...	39
Quetta	1	...	...	...	4	14	10	8	13	5	13	3	71	...	...	...	...	30	55	33	24	26	13	22	12	215
Group XII*a*.—Hill Stations	1	1	7	16		36	13	13	17	6	14	3	158	1	...	1	16	46	81	50	37	39	24	27	12	334
Darjeeling	...	...	...	...	1		...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	...	...	1	...	...	1	...	1	...	...	...	...	3	...	...	...	...	...	3	3	2	...	...	...	...	8
Landour	...	...	...	2	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli	...	...	...	3	1	...	...	1	...	...	1	...	6	...	...	...	4	6	6	3	3	3	2	...	...	27
Dalhousie	...	...	...	7	9	1	1	3	...	...	...	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	7	3	...	...	...	...	...	...	10
Taragarh	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	3	1	...	...	...	...	5
Pachmarhi	...	...	...	...	1	1	2	4	...	12	4	...	24	...	...	...	...	...	...	1	...	...	...	...	...	1
Purandhur	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	...	...	1	...	10	9	1	...	...	...	...	...	21	...	...	1	...	2	1	1	...	1	...	...	...	6
Roup XII*b*.—Hill Convalescent Depôts and Sanitaria	...	...	2	13	24	13	4	9	...	13	5	...	83	...	...	1	4	16	13	11	6	4	2	...	...	57

STATIONS, COMMANDS AND DIVISIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Troops marching India .	3	...	2	2	1	...	...	...	1	...	2	6	17	...	1	1	...	...	...	...	...	...	...	1	2	5
Deolali Depôt . .	...	...	1	3	...	...	...	...	1	...	1	...	6	...	...	3	1	2	...	...	...	...	...	...	...	6
Poonamallee ,, . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Aden Column Field Force .	...	...	...	...	...	...	4	1	...	...	1	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Sikkim Tibet Mission Force .	...	...	...	...	...	...	1	2	1	1	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.																										
Aden	...	2	1	1	...	...	...	...	2	2	1	1	10	1	...	...	...	...	...	...	...	...	...	...	...	1
INDIA .	86	55	82	194	198	158	106	152	82	84	107	91	1,395	31	37	65	98	229	246	210	148	258	187	115	60	1,684
NORTHERN COMMAND .	40	13	14	48	79	56	16	12	10	13	38	38	377	1	4	3	32	65	62	86	45	40	22	21	3	384
WESTERN COMMAND . .	21	28	27	38	29	25	34	80	43	32	27	12	396	5	4	5	7	42	66	43	35	46	27	9	16	325
EASTERN COMMAND . .	15	9	31	103	58	34	7	33	19	34	26	27	396	9	16	45	47	91	69	47	47	151	114	48	15	699
SECUNDERABAD DIVISION .	5	5	8	3	31	42	39	21	8	3	12	7	184	14	11	8	5	12	21	13	8	3	7	9	10	121
BURMA DIVISION . .	2	...	...	...	...	1	5	3	...	1	1	1	14	2	1	3	7	19	28	21	13	18	17	7	14	150

TABLE X.

INTERMITTENT FEVER by months, stations, groups, commands and divisions.

Stations* and Groups.	Admissions from Intermittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	2	...	...	...	...	1	...	...	...	...	...	...	3
Rangoon	41	20	12	6	2	2	6	10	5	4	5	6	119
Group I.—Burma Coast and Bay Islands	43	20	12	6	2	3	6	10	5	4	5	6	122
Thayetmyo	5	4	...	22	74	10	7	16	14	6	17	27	202
Meiktila	...	1	...	...	...	1	...	...	2	...	1	1	6
Fort Dufferin	8	1	5	3	2	7	5	4	13	8	7	1	64
Shwebo	9	2	...	1	...	...	...	3	5	4	5	2	31
Bhamo	5	2	...	...	2	5	15	10	2	5	6	7	59
Group II.—Burma Inland	27	10	5	26	78	23	27	33	36	23	36	38	362
Fort William	10	9	5	6	2	...	5	7	17	6	32	36	135
„ Chingrikhal	3	1	...	...	...	...	1	...	...	...	...	5	10
Dum-Dum	3	3	4	3	2	...	1	...	1	1	2	7	27
Barrackpore	4	2	2	...	5	1	5	7	8	10	28	7	79
Group IV.—Bengal and Orissa	20	15	11	9	9	1	12	14	26	17	62	55	251
B													
Dinapore	...	...	1	14	19	19	10	9	15	16	11	6	120
Benares	...	...	...	1	1	2	...	2	4	1	1	...	12
Allahabad	...	1	3	5	...	...	...	2	27	18	36	11	103
Fort Allahabad	1	1	...	3	1	...	...	5	18	14	16	6	65
Fyzabad	2	2	...	...	...	6	1	1	24	54	54	7	151
Sitapur	2	...	...	..	1	1	...	...	7	7	2	...	20
Lucknow	7	2	4	14	3	4	4	6	22	20	22	8	116
Cawnpore	4	4	11	10	11	11	4	13	42	32	13	13	168
Fatehgarh	..	1	1	2	1	2	1	..	8	61	32	3	112
Group V.—Gangetic Plain and Chutia Nagpur	16	11	20	49	37	45	20	38	167	223	187	54	867
A													
Shahjahanpur	8	12	2	1	1	...	...	..	16	13	7	2	62
Bareilly	6	9	1	16	4	3	6	1	24	18	5	9	102
Roorkee	10	11	9	11	22	11	8	11	16	9	7	5	130
Meerut	26	11	10	7	11	9	15	9	38	28	16	26	206
Delhi	1	4	1	5	2	12	9	35	28	18	12	11	138
Umballa	46	30	18	7	11	13	8	25	43	152	37	36	426
B													
Jullundur	5	12	14	12	7	9	13	20	13	6	14	6	131
Ferozepore	36	19	23	29	27	23	34	23	19	18	27	6	284
Amritsar	10	...	1	...	...	...	...	1	2	3	...	...	17
Mian Mir	71	42	52	19	23	35	18	16	16	16	16	19	343
Fort Lahore	7	8	3	3	7	14	5	9	7	11	5	5	84
Sialkot	35	9	8	13	14	14	5	35	28	13	9	16	199
Rawalpindi	68	25	24	29	96	56	53	41	23	78	70	30	593
Campbellpur	...	...	...	...	...	...	1	7	2	1	7	1	19
Attock	18	8	3	7	17	7	19	11	4	5	25	19	143
Group VI.—Upper Sub-Himalaya	347	200	169	159	242	206	194	244	279	389	257	191	2,877
A													
Nowshera	6	4	1	5	6	...	11	7	3	20	15	4	82
Peshawar	13	7	12	16	66	30	45	60	37	66	44	21	417
Mooltan	37	18	8	17	3	15	17	38	31	31	21	11	247
C													
Hyderabad	4	6	16	25	20	9	6	11	5	2	2	5	111
Kurrachee	6	8	6	6	20	17	9	5	3	7	9	18	114
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	66	43	43	69	115	71	88	121	79	126	91	59	971

TABLE XI.

REMITTENT FEVER by months, stations, groups, commands and divisions.

Stations* and Groups.	Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...		8	1	2	1	3	...	...	...	15
Rangoon	...	...	...	1	...	...	...	...	...	...	...	...	1
Group I.—Burma Coast and Bay Islands	...	...	...	1	8	1	2	1	3	...	...	...	16
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	1	...	...	...	...	1
Fort Dufferin	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	1	...	...	1	...	...	1	...	...	...	3
Bhamo	...	...	...	...	...	...	...	1	...	..	...	...	1
Group II.—Burma Inland	...	...	1	...	...	1	...	2	1	...	...	...	5
Fort William	...	...	...	...	...	...	3	5	1	9	1	1	20
„ Chingrikhal	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	...	...	...	3	...	...	...	...	1		1	...	5
Barrackpore	...	...	4	4	5	3	3	2	...	...	...	...	21
Group IV.—Bengal and Orissa	...	...	4	7	5	3	6	7	2	9	2	1	46
B													
Dinapore	...	...	...	...	...	...	...	6	2	4	1	...	13
Benares	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad	...	...	...	...	...	...	...	...	...	...	...	3	3
Fort Allahabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	...	...	...	...	6	2	4	1	3	16
A													
Shahjahanpur	...	...	...	...	...	...	...	...	1	...	...	...	1
Bareilly	...	...	...	...	...	...	...	...	...	..	.	...	...
Roorkee	...	...	...	...	...	...	...	...	...	1	...	...	1
Meerut	...	...	...	...	...	...	...	...	...	...	...	1	1
Delhi	...	...	...	...	1	...	1	...	...	...	...	...	2
Umballa	...	...	1	1	...	...	...	1	...	3	2	...	8
B													
Jullundur	...	...	...	...	...	...	...	...	..	...	...	...	...
Ferozepore	...	...	...	...	...	...	...	...	...	...	...	..	...
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...
Mian Mir	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lahore	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	...	...	1	...	1	...	...	...	...	...	...	...	2
Rawalpindi	...	...	...	..	...	1	1	...	1	...	...	...	3
Campbellpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	...	...	...	...	...	...	...	...	1	...	...	...	1
Group VI.—Upper Sub-Himalaya	...	...	2	1	2	1	2	1	3	4	2	1	19
A													
Nowshera	1	...	...	...	...	...	1	1	...	...	...	...	3
Peshawar	2	...	...	2	6	5	4	...	...	...	...	...	19
Mooltan	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Hyderabad	...	...	2	1	...	...	...	...	...	...	...	...	3
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	3	...	2	3	6	5	5	1	...	...	...	...	25

* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table III.

Stations and Groups.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Deesa	11	...	...	3	2	6	1	8	3	6	...	2	42	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad	14	4	9	7	7	5	3	1	16	23	21	16	126	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Neemuch	8	4	2	3	6	10	9	24	24	22	12	4	128	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	46	27	18	28	43	27	27	32	49	23	17	19	356	...	...	1	...	...	...	1	2	1	2	...	...	7
Muttra	2	3	1	5	6	10	4	3	17	20	13	..	84	...	...	...	...	...	1	...	1	...	1	...	...	3
Agra	12	6	4	9	17	15	28	73	50	38	20	26	298	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	16	13	15	8	6	19	23	48	86	90	46	27	397	...	...	...	...	...	2	1	2	1	...	2	...	8
Nowgong	4	1	...	...	...	3	4	12	10	6	4	1	45	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore	1	3	...	3	1	3	2	2	2	1	...	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	41	23	30	36	29	21	12	21	23	46	26	24	332	...	...	...	...	...	...	...	1	...	1	...	...	2
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	155	84	79	102	117	119	113	224	280	275	159	119	1,826	...	...	1	...	...	3	2	6	2	4	2	...	20
A																										
Saugor	5	...	2	1	2	1	4	5	5	3	4	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	10	3	13	13	15	13	12	9	5	...	4	3	100	...	...	...	1	3	8	1	1	18	14	3	...	49
Kamptee	17	12	16	20	6	57	30	43	38	24	11	10	284	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitabaldi	4	1	2	...	2	2	5	3	3	2	1	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	19	38	32	36	25	24	25	23	20	12	6	17	277	1	2	...	...	...	...	...	...	...	...	...	...	3
Belgam	24	11	15	10	12	9	33	19	16	13	15	9	186	...	...	...	1	...	...	...	...	...	...	...	1	2
Poona	17	12	14	16	22	37	34	32	23	17	17	10	251	...	...	1	...	...	...	...	...	...	...	...	...	1
Kirkee	5	1	4	6	10	9	13	9	3	3	6	2	71	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	9	4	10	16	12	52	87	44	39	22	36	29	360	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	110	82	108	118	106	204	243	187	152	96	100	80	1,586	1	2	1	2	3	8	1	1	18	14	3	1	55
Colaba	11	5	5	11	14	8	8	8	17	20	16	19	142	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore	...	...	2	...	...	2	...	...	1	1	2	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Callicut	...	...	...	1	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Mallapuram	1	...	1	...	...	...	3	1	...	2	...	1	9	...	...	...	...	...	...	...	...	...	...	...	1	1
Group X.—Western Coast	12	5	8	12	14	10	11	9	18	23	19	20	161	...	...	...	...	...	...	...	...	...	...	...	1	1
A																										
Bellary	21	11	11	5	7	15	22	26	8	12	43	24	205	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	11	12	6	13	16	31	20	16	13	12	6	9	165	...	...	...	...	...	...	...	...	...	1	...	...	1
B																										
St. Thomas' Mount	1	...	...	...	...	...	...	1	...	1	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	...	1	...	...	...	1	3	1	2	1	2	2	13	...	...	1	2	...	...	1	...	1	1	...	...	6
Group XI.—Southern India	33	24	17	18	23	47	45	44	23	26	52	35	387	...	...	1	2	...	...	1	...	1	2	...	...	7
Ranikhet	...	...	2	6	3	3	2	...	5	3	2	...	26	...	...	...	...	...	1	...	...	...	...	...	...	1
Chaubuttia	...	...	...	...	1	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	..	...	...	...	...
Chakrata	1	...	3	21	20	11	14	5	6	8	6	1	96	...	...	...	4	4	...	...	...	...	...	...	...	8
Lebong	...	...	...	2	1	1	4	1	6	2	2	2	21	1	...	...	...	1	1	1	...	1	...	...	...	5
Solon	...	...	...	...	1	4	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Dagshai	...	...	3	10	13	13	6	9	1	...	...	...	55	...	...	...	...	...	1	...	...	...	...	...	...	1
Subathu	...	...	...	...	...	2	4	6	21	6	...	...	39	...	...	...	2	...	...	...	...	...	...	...	...	2
Jutogh	...	...	1	2	...	4	5	2	1	2	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	.	...	1	...	...	...	...	...	...	...	1
Baragully	...	...	...	...	...	7	6	2	4	...	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah	...	...	...	2	6	17	21	15	6	1	...	...	68	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	4	2	2	1	1	...	...	...	10	...	...	...	...	2	...	...	...	...	...	...	...	2
Camp Gharial	...	...	...	1	...	6	5	2	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Thobba	...	...	...	...	27	24	14	5	8	3	...	...	81	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Lower Topa	...	...	...	...	4	5	1	2	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur	...	...	...	...	23	19	11	14	8	...	...	...	75	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	2	7	8	18	13	6	2	6	6	23	10	5	106	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramandrug	...	...	1	1	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Maymyo	28	13	10	4	7	2	2	1	2	2	4	8	83	...	...	...	...	1	1	...	...	...	...	...	...	2
Group XIIa.—Hill Stations	31	20	28	67	124	127	99	71	75	51	24	16	733	1	...	...	6	9	4	1	...	1	...	...	...	22

TABLE X—*concluded.*

INTERMITTENT FEVER by months, stations, groups, commands and divisions.

TABLE XI—*concluded.*

REMITTENT FEVER by months, stations, groups, commands and divisions.

Stations, Groups, Commands and Divisions.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Darjeeling	1	...	8	3	4	7	11	8	7	5	4	...	58	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	1	...	3	1	...	2	2	3	3	2	...	...	17	...	...	...	...	...	...	2	...	...	...	...	1	3
Landour	...	...	10	9	7	4	8	5	3	5	...	...	51	...	...	...	...	...	1	...	...	...	...	...	...	1
Kasauli	...	...	...	15	22	20	19	9	26	11	1	...	123	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalhousie	9	1	2	29	43	28	16	26	16	8	...	1	179	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree	...	...	...	...	4	4	1	5	3	...	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Taragarh	...	...	...	13	2	...	...	3	2	4	1	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu	6	2	1	1	6	6	6	2	4	...	1	1	36	...	...	...	...	...	...	...	...	...	...	...	...	...
Pachmarhi	...	...	1	4	2	4	...	7	10	7	10	...	45	...	...	1	...	...	...	...	...	1	...	...	...	2
Purandhur	2	3	1	2	6	3	3	1	2	4	1	3	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandalla	2	8	...	1	10	...	...	...	...	...	1	3	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	2	2	3	18	14	16	9	11	4	26	15	10	130	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XII*b*.—Hill Convalescent Depôts, and Sanitaria	23	16	29	96	120	94	75	80	80	72	34	18	737	...	...	1	...	...	1	2	...	1	...	...	1	6
Troops marching, India	58	10	9	3	...	2	...	...	10	11	46	40	189	1	...	1	1	...	...	...	...	...	...	1	...	4
Deolali Depôt	6	4	3	4	9	20	26	19	9	9	2	13	124	...	...	...	...	...	...	...	...	...	...	...	...	...
Poonamallee Depôt	...	2	...	1	...	2	...	1	1	2	1	...	10	...	...	...	...	1	...	1	...	...	...	...	...	2
Aden Column Field Force	38	41	64	14	61	85	46	33	32	14	8	18	454	...	...	...	...	...	...	...	...	...	...	...	...	...
Sikkim-Tibet Mission Force	3	2	1	...	3	13	13	6	4	4	...	...	49	...	...	...	...	...	...	...	...	1	...	...	...	1
Extra India. Aden	39	16	126	189	95	62	31	30	27	29	13	8	665	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	1,027	605	732	942	1,155	1,134	1,049	1,164	1,303	1,394	1,096	710	12,371	6	2	14	23	34	27	23	25	35	37	11	8	245
Northern Command	361	183	173	216	424	372	340	391	323	451	291	175	3,700	3	...	2	5	10	7	6	2	2	3	2	...	42
Western „	310	178	317	444	372	409	390	404	430	406	286	231	4,177	...	...	5	3	3	10	3	6	21	17	5	1	74
Eastern „	104	82	85	154	145	134	143	206	412	410	343	191	2,409	1	...	4	11	11	7	10	14	6	15	3	6	88
Secunderabad Division.	55	66	56	75	63	91	82	80	49	69	77	63	826	1	2	1	2	1	...	2	...	1	2	...	1	13
Burma Division	98	43	27	36	87	28	35	44	43	29	45	52	567	...	...	1	1	9	3	2	3	4	...	...	...	23

EUROPEAN TROOPS, 1904.

TABLE XII.

PNEUMONIA by months, stations, groups, commands and divisions.

Stations * and Groups.	Admissions from Pneumonia in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Rangoon	1	...	...	...	...	...	...	1	...	...	...	1	3
Group I.—Burma Coast and Bay Islands	1	...	...	...	...	...	...	1	...	...	...	1	3
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	1	...	1
Fort Dufferin	...	...	1	...	...	1	...	...	...	...	...	...	2
Shwebo	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	...	...	1	...	...	1	...	...	...	...	1	...	3
Fort William	...	...	...	...	1	...	...	...	...	...	...	...	1
Dum-Dum	...	...	...	...	...	...	...	...	1	1	...	...	2
Barrackpore	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	...	...	...	...	1	...	...	...	1	1	...	...	3
B													
Dinapore	...	1	...	...	...	...	...	...	...	...	...	...	1
Allahabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	1	...	...	...	...	1	...	2
Sitapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	...	1	...	...	...	3	...	...	...	...	...	1	5
Cawnpore	...	...	...	1	...	...	...	...	...	...	...	1	2
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	...	2	...	1	...	4	...	...	...	...	1	2	10
A													
Shahjahanpur	...	1	...	...	...	...	...	...	...	...	...	...	1
Bareilly	...	...	...	...	...	...	...	...	...	...	...	...	...
Roorkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	2	2	1	1	...	...	1	2	2	...	1	...	12
Delhi	...	1	...	...	...	...	...	...	...	...	1	1	3
Amballa	3	3	...	...	1	...	...	...	...	...	2	...	9
B													
Jullundur	...	...	...	...	...	...	...	...	...	...	1	...	1
Ferozepore	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...
Mian Mir	1	...	1	...	...	...	...	...	...	...	...	...	2
Fort Lahore	1	...	...	...	...	...	...	...	...	...	...	...	1
Sialkot	...	2	...	...	...	...	...	...	...	...	...	...	2
Rawalpindi	2	2	1	...	...	...	...	...	...	...	...	2	7
Attock	2	...	...	...	...	...	...	...	...	...	1	...	3
Group VI.—Upper Sub-Himalaya	11	11	3	1	1	...	1	2	2	...	6	3	41
A													
Nowshera	2	...	...	...	...	2	1	...	...	1	...	...	6
Peshawar	...	4	...	2	...	...	...	1	...	...	...	...	7
Mooltan	1	...	...	...	...	...	2	3	...	...	...	...	6
C													
Hyderabad	...	1	...	...	...	...	...	...	...	...	...	1	2
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	1	1
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	3	5	...	2	...	2	3	4	...	1	...	2	22
A													
Deesa	2	1	...	...	...	...	...	...	...	...	...	...	3
Ahmedabad	...	1	...	...	...	...	...	...	...	...	...	...	1
B													
Neemuch	...	...	...	...	...	...	1	...	...	...	...	...	1
Nasirabad	2	1	...	...	...	...	...	...	...	...	...	...	3
Mutttra	...	...	1	2	1	...	...	...	...	...	...	...	4
Agra	...	...	...	1	...	...	1	...	...	...	...	...	2
Jhansi	...	...	1	...	...	...	...	1	...	...	...	...	2
Nowgong	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow	1	...	...	1	1	1	...	...	...	...	1	1	6
Group VIII.—S. E. Rajputana, Central India, and Gujarat	5	3	2	4	2	1	2	1	...	...	1	1	22

TABLE XIII.

DYSENTERY by months, stations, groups commands and divisions.

Stations * and Groups.	Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Rangoon	1	3	3	...	2	2	2	3	2	2	1	4	25
Group I.—Burma Coast and Bay Islands	1	3	3	...	2	2	2	3	2	2	1	4	25
Thayetmyo	...	...	...	...	1	...	1	2	1	...	3	...	8
Meiktila	...	...	..	...	...	...	...	...	...	1	1	...	2
Fort Dufferin	...	...	1	...	...	...	...	...	...	...	...	...	1
Shwebo	2	...	3	1	...	...	...	1	1	...	2	1	11
Bhamo	...	...	...	...	...	...	...	1	...	...	...	...	1
Group II.—Burma Inland	2	...	4	1	1	...	1	4	2	1	6	1	23
Fort William	...	...	...	1	...	1	1	1	1	...	1	4	10
Dum-Dum	...	...	...	...	...	...	...	...	...	...	...	...	..
Barrackpore	2	...	...	...	2	2	4	4	...	1	2	...	17
Group IV.—Bengal and Orissa	2	...	...	1	2	3	5	5	1	1	3	4	27
B													
Dinapore	...	1	...	...	...	...	1	5	4	2	3	2	18
Allahabad	...	...	...	...	...	...	1	2	2	1	1	...	7
Fyzabad	...	3	2	...	1	...	...	..	...	1	8	2	17
Sitapur	...	1	...	...	...	...	...	...	...	...	...	...	1
Lucknow	7	3	8	14	8	7	3	12	6	6	5	...	79
Cawnpore	1	1	2	1	1	...	...	...	...	1	3	3	13
Fatehgarh	...	1	...	...	...	...	...	...	...	...	...	2	3
Group V.—Gangetic Plain and Chutia Nagpur	8	10	12	15	10	7	5	19	12	11	20	9	138
A													
Shahjahanpur	1	1	1	...	...	...	...	...	2	...	...	...	5
Bareilly	1	...	3	5	5	1	1	4	2	1	...	...	23
Roorkee	...	...	...	...	...	1	...	...	...	...	1	...	2
Meerut	4	1	3	3	4	3	1	2	2	2	6	5	36
Delhi	...	...	...	...	...	...	...	...	...	...	...	...	...
Amballa	2	1	3	6	1	...	...	1	...	8	8	8	38
B													
Jullundur	1	...	1	1	...	2	...	...	...	1	...	...	6
Ferozepore	...	...	...	1	1	1	...	1	2	...	1	...	7
Amritsar	...	..	...	1	...	...	...	...	...	...	...	...	1
Mian Mir	1	...	...	...	...	2	...	...	...	...	2	1	6
Fort Lahore	...	...	...	1	2	...	...	...	...	...	...	...	3
Sialkot	2	...	...	...	3	2	...	1	...	1	1	1	11
Rawalpindi	4	...	1	1	4	3	...	1	1	...	3	1	19
Attock	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	16	3	12	19	20	15	2	10	9	13	22	16	157
A													
Nowshera	...	...	...	...	1	...	...	...	1	...	1	3	6
Peshawar	...	...	...	1	...	2	...	...	1	...	...	2	6
Mooltan	1	...	...	...	...	...	...	2	...	...	...	...	3
C													
Hyderabad	...	...	1	...	...	...	...	...	...	...	...	...	1
Kurrachee	2	1	2	...	...	...	...	...	...	2	...	...	7
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	3	1	3	1	1	2	...	2	2	2	1	5	23
A													
Deesa	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad	...	1	...	...	...	...	...	...	...	...	...	...	1
B													
Neemuch	...	...	...	...	...	2	...	2	...	2	1	1	8
Nasirabad	...	...	1	2	...	...	...	...	...	3	...	...	6
Mutttra	...	...	1	1	1	...	...	...	...	4	...	4	11
Agra	1	...	1	...	...	1	...	...	1	...	2	2	8
Jhansi	...	1	2	1	3	...	1	2	1	2	1	4	18
Nowgong	...	...	...	...	...	...	...	2	...	1	...	...	3
Indore	...	...	...	...	...	...	...	1	...	...	...	1	2
Mhow	4	5	1	2	1	1	2	1	...	3	2	4	26
Group VIII.—S. E. Rajputana, Central India, and Gujarat	5	7	6	6	5	4	3	8	2	15	6	16	83

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* Stations where neither Pneumonia nor Dysentery occurred are not shown in three tables. For the annual ratios, see Table III.

TABLE XII—*concluded.*

PNEUMONIA by months, stations, groups, commands and divisions.

STATIONS, GROUPS, COMMANDS AND DIVISIONS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A													
Saugor	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	1	...	...	...	...	...	...	...	...	...	...	...	1
Kamptee	1	...	...	...	...	...	...	...	...	...	...	2	3
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Secunderabad	1	1	2	1	...	1	...	...	...	2	...	1	9
Belgaum	..	...	...	...	...	1	...	...	...	1	...	...	2
Poona	2	...	...	...	...	2	...	...	...	...	...	...	4
Kirkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	...	...	2	1	1	5	2	2	...	2	...	1	16
GROUP IX.—DECCAN	5	1	4	2	1	9	2	2	...	5	...	4	35
Colaba	1	...	1	...	...	...	...	...	...	...	...	...	2
Cannanore	...	...	...	...	...	...	...	...	...	...	...	...	...
Calicut	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	1	...	1	...	...	...	...	...	...	...	...	...	2
A													
Bellary	...	...	...	...	...	...	...	...	...	...	1	...	1
Bangalore	1	1	2	...	...	...	...	...	...	...	1	...	5
B													
St. Thoma Mount	...	...	1	...	...	...	...	...	...	...	...	...	1
Madras	...	...	...	...	...	1	...	...	...	...	...	1	2
GROUP XI.—SOUTHERN INDIA	1	1	3	...	...	1	...	...	...	...	2	1	9
Ranikhet	...	...	...	2	...	...	...	...	...	...	...	...	2
Chaubuttia	...	...	...	...	...	...	...	...	1	...	...	...	1
Chakrata	...	...	1	2	...	...	1	...	2	...	...	...	6
Lebong	...	...	1	...	...	...	...	...	1	...	...	...	2
Solon	...	...	...	...	...	...	1	...	...	...	...	...	1
Dagshai	...	...	...	...	1	7	1	3	...	...	...	...	12
Subathu	...	...	...	3	1	...	...	...	...	...	...	...	4
Jutogh	...	...	...	1	...	...	...	...	...	...	...	...	1
Baragully	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah	...	...	...	...	...	1	1	...	...	...	...	...	2
Camp Gharial	...	...	...	...	1	...	...	...	...	...	...	...	1
,, Thobba	...	...	...	...	...	1	...	...	...	...	...	...	1
Khan Spur	...	...	...	...	1	...	...	...	...	...	...	...	1
Cherat	...	...	...	...	...	1	...	...	...	...	...	...	1
Quetta	...	...	...	...	3	...	...	2	...	4	5	6	20
Maymyo	...	...	..	...	..	...	...	...	...	...	...	...	...
GROUP XII *a*.—HILL STATIONS	...	...	2	8	7	10	4	5	4	4	5	6	55
Darjeeling	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...
Landour	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli	...	...	1	2	...	1	1	1	...	...	...	...	6
Dalhousie	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree	...	...	...	...	...	...	1	...	...	...	..	...	1
Taragarh	...	...	...	1	1	...	...	...	1	...	...	...	3
Mount Abu	...	...	...	...	...	1	...	...	...	...	...	...	1
Pachmarhi	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	...	...	1	...	...	2	...	...	...	...	...	...	3
Wellington	2	1	...	...	...	...	...	1	...	...	...	1	5
GROUP XII *b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	2	1	2	3	1	4	2	2	1	...	...	1	19
Troops, Marching, India	...	...	...	...	...	...	...	...	...	...	2	4	6
Deolali Depôt	1	1	...	...	1	...	...	...	1	...	...	1	5
Poonamallee Depôt	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden Column Field Force	...	...	...	...	...	...	...	...	...	...	1	...	1
Sikkim-Tibet Mission Force	...	...	...	1	...	1	...	...	...	...	...	...	2
EXTRA INDIA.													
Aden	1	...	...	...	...	1	...	...	...	...	...	...	2
INDIA	31	25	18	22	14	34	14	17	9	11	19	26	240
NORTHERN COMMAND	12	11	3	8	5	13	8	8	...	1	4	2	75
WESTERN COMMAND	12	5	5	3	7	13	3	5	2	7	6	13	81
EASTERN COMMAND	2	6	4	9	2	4	3	2	7	1	3	3	46
SECUNDERABAD DIVISION	4	3	5	1	...	2	...	1	...	2	2	3	23
BURMA DIVISION	1	...	1		...	1	...	1	...	..	1	1	6

TABLE XIII—*concluded.*

DYSENTERY by months, stations, group
commands and Divisions.

STATIONS, GROUPS, COMMANDS AND DIVISIONS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.											
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
A												
Saugor	...	...	...	...	2	...	1	1	...	...	...	...
Jubbulpore	3	...	4	5	2	5	4	4	2	1	1	2
Kamptee	...	1	...	1	1	1	2	2	...	...	...	2
Sitabaldi	...	...	...	...	...	...	...	1	...	...	...	...
B												
Secunderabad	5	1	1	5	5	3	6	13	5	4	5	7
Belgaum	...	...	...	...	...	...	...	...	...	...	...	...
Poona	...	1	2	...	2	1	4	17	8	4	4	2
Kirkee	...	...	...	1	...	...	...	2	...	...	...	...
Ahmednagar	1	...	...	...	1	...	1	...	...	...	...	1
GROUP IX.—DECCAN	9	3	7	12	13	10	18	40	15	9	10	14
Colaba	3	...	...	...	1	...	...	...	...	1	...	...
Cannanore	...	...	...	...	...	...	...	...	1	...	1	...
Calicut	...	1	...	...	...	1	1	...	...	...	...	...
GROUP X.—WESTERN COAST	3	1	...	...	1	1	1	...	1	1	1	...
A												
Bellary	...	1	1	...	...	...	3	...	...	...	...	...
Bangalore	3	3	6	2	4	2	3	...	...	3	2	2
B												
St. Thoma Mount	1	2	1	...	1	...	..	...	...	1	...	...
Madras	1	2	4	...	...	2	...	2	1	1	1	...
GROUP XI.—SOUTHERN INDIA	5	8	12	2	5	4	6	2	1	5	3	2
Ranikhet	...	...	...	2	4	3	...	1	1	2	1	...
Chaubuttia	...	...	...	...	...	1	...	..	...	...	...	...
Chakrata	...	..	...	1	...	...	6	2	2	...	2	...
Lebong	1	...	...	...	...	...	...	...	...	...	...	...
Solon	...	...	...	...	...	...	...	...	...	...	...	...
Dagshai	...	...	...	2	2	2	1	1	...	...	...	...
Subathu	...	...	...	2	...		...	...	1	...	...	...
Jutogh	...	...	...	1	...	...	...	...	...	...	...	...
Baragully	...	...	...	...	...	...	...	1	...	...	...	...
Kuldunnah	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	...	...	...	1	...	...	...	...	...	...	...	...
,, Thobba	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur	...	...	...	...	...	...	...	...	...	..	...	...
Cherat	...	..	...	...	1	1	1	2	...	...	...	...
Quetta	2	2	2	1	1	1	1	3	1	2	3	3
Maymyo	1	1	...	..	...	...	...	...	...	...	...	...
GROUP XII *a*.—HILL STATIONS	4	3	2	10	8	8	9	10	5	4	6	3
Darjeeling	...	...	...	1	...	1	2	...	2	1	1	1
Naini Tal	...	...	...	...	1	...	...	...	...	...	...	...
Landour	...	...	...	...	...	1	1	...	...	...	...	...
Kasauli	...	...	...	1	1	...	1	...	...	...	...	...
Dalhousie	...	1	1	2	1	2	...	3	...	...	...	...
Murree	...	...	...	...	...	...	...	...	...	...	...	...
Taragarh	...	...	...	..	...	...	...	...	...	...	...	...
Mount Abu	...	...	...	...	...	...	...	...	...	..	...	...
Pachmarhi	...	...	...	...	...	...	...	1	...	...	1	...
Purandhur	...	...	...	...	...	...	...	...	...	1	...	...
Wellington	...	...	...	1	6	2	...	1	...	3	...	...
GROUP XII *b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	...	1	1	5	9	6	4	5	2	5	2	1
Troops, Marching, India	9	...	1	1	...	...	...	...	...	...	4	2
Deolali Depôt	...	1	...	...	1	1	1	...	1	2	2	...
Poonamallee Depôt	2	3	2	...	..	...	...	...	1	...	2	1
Aden Column Field Force	...	4	1	1	1	...	1	...	2	...	1	2
Sikkim-Tibet Mission Force	...	...	1	...	1	3	4	1	1	1	...	...
EXTRA INDIA.												
Aden	2	2	2	4	1	1	...	1	...	3	4	2
INDIA	71	50	69	78	81	67	62	110	59	75	94	82
NORTHERN COMMAND	11	2	6	21	17	17	3	13	6	10	16	16
WESTERN COMMAND	17	15	17	17	16	13	17	40	13	27	19	22
EASTERN COMMAND	18	12	21	29	27	22	21	33	25	[illegible]	36	25
SECUNDERABAD DIVISION	12	13	15	8	16	10	13	16	8	12	11	10
BURMA DIVISION	4	4	7	1	3	2	3	[illegible]	4	3	7	5

TABLE XV.

A.—STRENGTH, ADMISSIONS from ALL CAUSES, ADMISSIONS from ENTERIC FEVER, of the Army of India in 1904, in relation to AGE and LENGTH of RESIDENCE in INDIA.

	By age.						By length of residence.						
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 years and upwards.
ength	2,573	33,368	23,188	7,848	2,036	443	13,161	17,056	10,640	8,614	6,222	10,430	3,333
cent. of total	4	48	33	11	3	1	19	25	15	12	9	15	5
9-1903	3	44	40	10	3	1	15	14	15	14	14	24	5
missions from all causes .	1,351	35,631	19,874	5,109	969	223	12,591	14,943	10,431	7,019	4,160	11,403	2,610
missions from Enteric Fever . .	38	1,003	284	49	8	2	493	421	198	82	33	147	10
causes per 1,000	525·1	1,067·8	857·1	651·0	475·9	503·4	956·7	876·1	980·4	814·8	668·6	1,093·3	783·1
eric Fever per 1,000 . . .	14·8	30·1	12·2	6·2	3·9	4·5	37·5	24·7	18·6	9·5	5·3	14·1	3·0
bility to Enteric Fever (The above olumn expressed in percentages) .	20·64	42·98	17·02	8·65	5·44	6·28	33·27	21·92	16·50	8·43	4·70	12·51	2·66
eric Fever per cent. of all causes .	2·81	2·81	1·43	·96	·83	·90	3·92	2·82	1·90	1·17	·79	1·29	·38

B.—CHANGE of PERSONNEL, YOUTHFULNESS, RECENT ARRIVAL, and MARRIAGE, in relation to VENEREAL DISEASE and ENTERIC FEVER.

Year.	Arrived in India.*		Year.	Men.								
				Per cent. of Strength.			Strength.	Ratio per 1,000.			Ratio per cent. of total admission.	
				Age.	Length of residence.			Admissions.				
	Men.	Women.		Under 25 years.	Under 5 years.	Married. ‡		All causes.	Venereal Diseases.	Enteric Fever.	Venereal Diseases.	Enteric Fever.
-75 . . .	7,840	673	1874	38	...	11·10	59,308	1,357·7	192·7	4·1	14·20	·30
-76 . . .	7,568	752	1875	36	...	10·80	58,409	1,337·8	205·1	2·8	15·33	·21
-77 . . .	8,170	591	1876	33	...	10·37	57,858	1,361·5	189·9	4·6	13·95	·34
-78 . . .	9,113	482	1877	33	56	9·70	57,260	1,257·3	208·5	4·1	16·59	·32
-79 . . .	13,113	575	1878	35	60	7·59	56,475	1,651·3	271·3	8·5	16·43	·51
-80 . . .	13,342	612	1879	39	61	6·63	59,082	1,871·2	234·8	8·0	12·55	·43
-81 . . .	13,165	664	1880	41	65	6·36	59,717	1,754·2	249·7	7·9	14·23	·45
-82 . . .	9,895	349	1881	43	70	5·94	58,728	1,604·6	260·5	5·6	16·23	·35
-83 . . .	9,748	325	1882	41	72	5·43	57,269	1,444·9	265·2	6·2	18·35	·43
-84 . . .	12,525	433	1883	41	75	5·20	55,525	1,335·7	270·3	7·7	20·23	·58
-85 . . .	11,822	393	1884	45	74	5·05	54,996	1,513·4	293·9	11·7	19·42	·77
-86 . . .	17,766	508	1885	48	73	4·23	56,967	1,532·7	342·7	11·2	22·36	·73
-87 . . .	11,645	372	1886	52	75	3·90	61,015	1,513·9	389·5	18·1	25·73	1·20
-88 . . .	11,729	459	1887	52	73	3·84	63,515	1,369·7	361·2	12·7	26·37	·93
-89 . . .	12,407	506	1888	50	76	3·65	68,887	1,381·7	370·6	13·6	26·82	·99
-90 . . .	12,270	532	1889	49	78	3·60	69,266	1,498·0	481·5	22·9	32·14	1·53
-91 . . .	14,046	542	1890	50	80	3·70	67,823	1,520·2	503·5	18·5	33·12	1·22
-92 . . .	15,456	529	1891	51	79	3·36	67,030	1,379·1	400·7	20·4	29·06	1·48
-93 . . .	15,894	540	1892	51	80	3·29	68,137	1,517·3	409·9	22·1	27·01	1·46
-94 . . .	15,090	482	1893	53	79	3·29	70,091	1,414·9	466·0	20·0	32·94	1·41
-95 . . .	15,957	517	1894	54	81	...†	71,082	1,508·0	511·4	20·9	33·91	1·38
-96 . . .	14,346	654	1895	55	83	...	71,031	1,461·8	522·3	26·3	35·73	1·80
-97 . . .	14,805	545	1896	56	82	...	70,484	1,386·7	511·6	25·5	36·89	1·84
-98 . . .	16,227	543	1897	55	84	...	68,395	1,556·9	485·7	32·4	31·20	2·08
-99 . . .	16,911	648	1898	54	81	...	67,741	1,436·9	362·9	36·9	25·26	2·57
-1900 . . .	3,369	168	1899	53	78	...	67,697	1,148·7	313·4	20·6	27·28	1·79
-01 . . .	5,958	185	1900	45	69	...	60,553	1,143·2	298·1	16·0	26·07	1·40
-02 . . .	18,594	438	1901	42	63	...	60,838	1,104·3	276·0	12·8	24·99	1·16
-03 . . .	24,840	961	1902	43	68	...	60,540	1,078·4	281·4	16·7	26·09	1·55
-04 . . .	15,126	758	1903	51	76	...	70,445	1,033·4	247·0	19·6	23·90	1·96
-05 . . .	16,366	820	1904	52	80	...	71,083	900·4	198·5	19·6	22·05	2·1[illegible]

*In ordinary years the departures *plus* the deaths nearly balance the arrivals. † Return abolished. ‡ On the 1st May of each year.

TABLE XVI.

RELATION of MORTALITY to AGE and LENGTH of RESIDENCE in INDIA.

Causes of Death.	A.—AGE.												B.—LENGTH OF RESIDENCE IN INDIA.													
	(*a*) Died per 1,000.						(*b*) Liability in percentages.						(*g*) Died per 1,000.							(*h*) Liability in percentages.						
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Enteric Fever	1·55	5·45	2·85	1·40	·98	...	13	45	23	11	8	...	6·76	5·16	3·20	1·04	1·45	3·45	...	32	24	15	5	7	16	...
Cholera	...	·12	·17	·25	...	2·26	...	4	6	9	...	81	·23	...	·19	·12	·16	·19	·60	15	...	13	8	11	13	40
Dysentery	...	·45	·52	·25	...	...	...	37	43	20	...	...	·30	·64	·28	·23	·16	·77	...	13	27	12	10	7	32	...
Intermittent and Remittent Fevers	...	·21	·35	·64	1·47	...	...	8	13	24	55	...	...	·23	·47	·23	...	·96	·60	...	9	19	9	...	39	24
Alcoholism	...	·06	·13	·38	...	2·26	...	2	5	13	...	80	...	·06	·09	...	...	·48	·60	...	5	7	...	...	39	49
Tubercle of the lungs	...	·36	·47	·38	·49	...	...	21	28	22	29	...	·23	·41	·47	·46	·32	·48	·30	9	15	18	17	12	18	11
Nervous Diseases	...	·21	·13	·25	...	...	...	36	22	42	...	...	·15	·06	·19	·35	·16	·29	...	12	5	16	29	13	24	...
Circulatory Diseases	...	·24	·69	2·29	2·46	4·51	...	2	7	22	24	44	·23	·53	·38	·12	·32	1·92	3·00	4	8	6	2	5	30	46
Pneumonia	·39	·48	·56	·38	·98	2·26	8	10	11	8	19	45	·30	·70	·47	·23	·64	·67	·60	8	19	13	6	18	19	17
Other Respiratory Diseases	...	·06	·17	·13	..	...	...	17	47	36	...	...	·15	·06	·19	...	...	·10	·30	19	8	24	...	...	12	38
Abscess of the liver	..	·99	1·73	2·42	1·96	...	...	14	24	34	28	...	·84	1·29	1·22	·81	·48	3·16	2·10	8	13	12	8	5	32	21
Urinary Diseases	..	·09	·13	·51	...	2·26	...	3	4	17	...	76	·15	·12	·19	...	·16	·29	·30	12	10	16	...	13	24	25
All Diseases	1·94	8·72	7·89	9·30	8·35	13·54	4	18	16	19	17	27	9·35	9·26	7·33	3·60	3·86	12·75	8·40	17	17	13	7	7	23	15
Heat-stroke	...	·27	·78	·51	·49	4·51	...	4	12	8	7	69	·53	·53	·28	·12	...	1·15	·60	17	17	9	4	...	36	19
Suicide	...	·12	·43	·25	·49	4·51	...	2	7	4	8	78	·15	·29	·19	...	·16	·48	1·20	6	12	8	...	6	19	49
Other injuries	...	·60	1·16	·89	...	...	...	23	44	34	...	...	·46	·59	1·03	·70	·16	1·53	1·20	8	10	18	12	3	27	21
All Causes	2·72	10·70	11·43	12·74	10·81	22·57	4	15	16	18	15	32	11·40	11·96	10·06	4·41	5·14	18·50	11·10	16	16	14	6	7	25	15
	(*c*) Number of deaths.						(*d*) Composition of 100 deaths at each age.						(*i*) Number of deaths.							(*j*) Composition of 100 deaths in each period of residence.						
Enteric Fever	4	182	66	11	2	...	57	51	25	11	9	...	89	88	34	9	9	36	...	59	43	32	24	28	19	...
Cholera	...	4	4	2	...	1	...	1	2	2	...	10	3	...	2	1	1	2	2	2	...	2	3	3	1	5
Dysentery	...	15	12	2	...	...	...	4	5	2	...	...	4	11	3	2	1	8	...	3	5	3	5	3	4	...
Intermittent and Remittent Fevers	...	7	8	5	3	...	...	2	3	5	14	...	...	4	5	2	...	10	2	...	2	5	5	...	5	5
Alcoholism	...	2	3	3	...	1	...	1	1	3	...	10	...	1	1	...	...	5	2	...	...	1	...	...	3	5
Tubercle of the lungs	...	12	11	3	1	...	....	3	4	3	5	..	3	7	5	4	2	5	1	2	3	5	11	6	3	3
Nervous Diseases	...	7	3	2	...	...	...	2	1	2	...	...	2	1	2	3	1	3	...	1	...	2	8	3	2	...
Circulatory Diseases	...	8	16	18	5	2	...	2	6	18	23	20	3	9	4	1	2	20	10	2	4	4	3	6	10	27
Pneumonia	1	16	13	3	2	1	14	4	5	3	9	10	4	12	5	2	4	7	2	3	6	5	5	12	4	5
Other Respiratory Diseases	...	2	4	1	...	...	...	1	2	1	...	...	2	1	2	...	...	1	1	1	...	2	...	...	1	3
Abscess of the liver	...	33	40	19	4	...	...	9	25	19	18	...	11	22	13	7	3	33	7	7	11	12	18	9	17	19
Urinary Diseases	...	3	3	4	...	1	...	1	1	4	...	10	2	2	2	...	1	3	1	1	1	2	...	3	2	3
TOTAL	5	291	183	73	17	6	71	82	69	73	77	60	123	158	78	31	24	133	28	82	77	73	82	75	69	76
Heat-stroke	...	9	18	4	1	2	...	3	7	4	5	20	7	9	3	1	...	12	2	5	4	3	3	...	6	5
Suicide	...	4	10	2	1	2	...	1	4	2	5	20	2	5	2	...	1	5	4	1	2	2	...	3	3	11
Other injuries	...	20	27	7	...	...	...	6	10	7	...	...	6	10	11	6	1	16	4	4	5	10	16	3	8	11
All Causes	7	357	265	100	22	10	...	...	...	...	...	...	150	204	107	38	32	193	37	...	...	...	...	...	...	...
	(*e*) Number of deaths.						(*f*) Percentage at each age to total number.						(*k*) Number of deaths.							(*l*) Percentage in each period of residence to total number.						
Enteric Fever	4	182	66	11	2	...	2	69	25	4	1	...	89	88	34	9	9	36	...	34	33	13	3	3	14	...
Cholera	...	4	4	2	...	1	...	36	36	18	...	9	3	...	2	1	1	2	2	27	...	18	9	9	18	18
Abscess of the liver	...	33	40	19	4	...	...	34	42	20	4	...	11	22	13	7	3	33	7	11	23	14	7	3	34	7
Suicide	...	4	10	2	1	2	...	21	53	11	5	11	2	5	2	...	1	5	4	11	26	11	...	5	26	21
All Causes	7	357	265	100	22	10	1	47	35	13	3	1	150	204	107	38	32	193	37	20	27	14	5	4	25	5

TABLE XVII.

RELATION of INVALIDING to AGE and LENGTH of RESIDENCE in INDIA.

A.—AGE.

Causes of invaliding.	(a) Invalided per 1,000. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	(b) Liability in percentages. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Dysentery	·39	1·32	1·38	·89	·49	...	9	30	31	20	11	...
Intermittent and Remittent Fevers	1·94	2·55	4·61	4·20	8·84	24·83	4	5	10	9	19	53
Venereal Diseases	·39	2·73	3·41	2·93	1·96	2·26	3	20	25	21	14	17
Debility	...	2·61	2·24	4·46	4·42	13·54	...	10	8	16	16	50
Rheumatism	...	·42	·73	1·02	1·96	...	...	10	18	25	47	...
Tubercle of the lungs	3·11	3·36	3·36	2·04	3·44	4·51	16	17	17	10	17	23
Mental Diseases	1·17	1·41	1·94	1·78	1·47	6·77	8	10	13	12	10	47
Epilepsy	·78	·84	·65	·89	·49	...	21	23	18	24	13	...
Other Nervous Diseases	...	·69	·78	·51	3·44	9·03	...	5	5	4	24	62
Eye, ear, and nose Diseases	1·17	3·24	1·42	1·02	1·96	9·03	7	18	8	6	11	51
Palpitation	1·55	2·70	1·47	1·53	...	2·26	16	28	15	16	...	24
Valvular disease of the heart	2·33	2·88	2·29	2·04	1·96	2·26	17	21	17	15	14	16
Other Circulatory Diseases	...	·39	·69	·51	·49	2·26	...	9	16	12	11	52
Respiratory Diseases	...	·90	·91	1·02	1·47	4·51	...	10	10	12	17	51
Hepatitis and Abscess of the liver	...	1·05	2·63	1·91	3·44	4·51	...	8	19	14	25	33
Locomotive Diseases	...	1·17	·82	·51	·98	...	...	34	24	15	28	...
Injuries	...	1·02	1·25	1·53	2·46	4·51	...	9	12	14	23	42
All Causes	16·32	36·38	36·18	33·64	48·13	11·29	9	20	20	18	26	6

Causes of invaliding.	(c) Number invalided. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	(d) Composition of 100 invalidings at each age. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Dysentery	1	44	32	7	1	...	2	4	4	3	1	...
Intermittent and Remittent Fevers	5	85	107	33	18	11	12	7	13	12	18	22
Venereal Diseases	1	91	79	23	4	1	2	7	9	9	4	2
Debility	...	87	52	35	9	6	...	7	6	13	9	12
Rheumatism	...	14	17	8	4	...	...	1	2	3	4	...
Tubercle of the lungs	8	112	78	16	7	2	19	9	9	6	7	4
Mental Diseases	3	47	45	14	3	3	7	4	5	5	3	6
Epilepsy	2	28	15	7	1	...	5	2	2	3	1	...
Other Nervous Diseases	...	23	18	4	7	4	...	2	2	2	7	8
Eye, ear, and nose Diseases	3	108	33	8	4	4	7	9	4	3	4	8
Palpitation	4	90	34	12	...	1	10	7	4	5	...	2
Valvular disease of the heart	6	96	53	16	4	1	14	8	6	6	4	2
Other Circulatory Diseases	...	13	16	4	1	1	...	1	2	2	1	2
Respiratory Diseases	...	30	21	8	3	2	...	2	3	3	3	4
Congestion, Inflammation and Abscess of the liver	...	35	61	15	7	2	...	2	7	6	7	4
Locomotive Diseases	...	39	19	4	2	...	...	3	2	2	2	...
Injuries	...	34	29	12	5	2	...	3	3	5	5	4
All Causes	42	1,214	839	264	98	50	100	100	100	100	100	100

Causes of invaliding.	(e) Number invalided. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	(f) Percentage at each age to total number. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Intermittent and Remittent Fevers	5	85	107	33	18	11	2	33	41	13	7	4
Venereal Diseases	1	91	79	23	4	1	1	46	40	12	2	1
Debility	...	87	52	35	9	6	...	46	28	19	5	3
All Causes	42	1,214	839	264	98	50	2	48	33	11	4	2

B.—LENGTH OF RESIDENCE IN INDIA.

Causes of invaliding.	(g) Invalided per 1,000. Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	(h) Liability in percentages. Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Dysentery	·38	1·06	1·50	1·74	·96	2·11	·90	4	12	17	20	11	24	10
Intermittent and Remittent Fevers	·99	3·22	3·48	2·79	5·45	7·57	5·10	3	11	12	10	19	26	18
Venereal Diseases	1·14	1·82	2·82	2·21	4·02	6·14	4·50	5	8	12	10	18	27	20
Debility	1·14	1·82	2·82	2·44	2·57	4·70	8·10	5	8	12	10	11	20	34
Rheumatism	·23	·23	·94	·70	·96	·86	1·50	4	4	17	13	18	16	28
Tubercle of the lungs	2·51	1·88	3·85	3·48	2·57	5·27	4·80	10	8	16	14	11	22	20
Mental Diseases	·84	1·11	1·50	1·39	2·25	3·16	3·00	6	8	11	10	17	24	23
Epilepsy	·61	·82	·75	·58	·80	·96	·90	11	15	14	11	15	18	17
Other Nervous Diseases	·08	·53	·85	·93	1·77	1·05	2·10	1	7	12	13	24	14	29
Eye, ear, and nose Diseases	2·74	2·46	2·07	2·21	1·93	2·01	2·40	17	16	13	14	12	13	15
Palpitation	·99	1·99	2·63	1·74	2·25	3·07	1·50	7	14	19	12	16	22	11
Valvular disease of the heart	2·43	1·99	2·35	2·79	2·41	3·36	3·30	13	11	13	15	13	18	18
Other Circulatory Diseases	·15	·29	·38	·81	·96	·48	1·80	3	6	8	17	20	10	37
Respiratory Diseases	·46	·47	·85	1·04	·96	2·11	1·20	6	7	12	15	14	30	17
Hepatitis and Abscess of the liver	·53	·94	1·50	1·16	1·93	3·64	6.30	3	6	9	7	12	23	39
Locomotive Diseases	·91	·64	·56	1·04	1·13	1·44	1·20	13	9	8	15	16	21	17
Injuries	·91	1·35	·75	·81	1·13	1·63	2·40	10	15	8	9	13	18	27
All Causes	19·76	28·38	35·34	35·52	43·23	58·20	61·51	7	10	13	13	15	21	22

Causes of invaliding.	(i) Number invalided. Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	(j) Composition of 100 invalidings in each period of residence. Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Dysentery	5	18	16	15	6	22	3	2	4	4	5	2	4	1
Intermittent and Remittent Fevers	13	55	37	24	34	79	17	5	11	10	8	13	13	8
Venereal Diseases	15	31	30	19	25	64	15	6	6	8	6	9	11	7
Debility	15	31	30	21	16	49	27	6	6	8	7	6	8	13
Rheumatism	3	4	10	6	6	9	5	1	1	3	2	2	1	2
Tubercle of the lungs	33	32	41	30	16	55	16	13	7	11	10	6	9	8
Mental Diseases	11	19	16	12	14	33	10	4	4	4	4	5	5	5
Epilepsy	8	14	8	5	5	10	3	3	3	2	2	2	2	1
Other Nervous Diseases	1	9	9	8	11	11	7	...	2	2	3	4	2	3
Eye, ear, and nose Diseases	36	42	22	19	12	21	8	14	9	6	6	4	3	4
Palpitation	13	34	28	15	14	32	5	5	7	7	5	5	5	2
Valvular disease of the heart	32	34	25	24	15	35	11	12	7	7	8	6	6	5
Other Circulatory Diseases	2	5	4	7	6	5	6	1	1	1	2	2	1	3
Respiratory Diseases	6	8	9	9	6	22	4	2	2	2	3	2	4	2
Congestion, Inflammation and Abscess of the liver	7	16	16	10	12	38	21	3	3	4	3	4	6	10
Locomotive Diseases	12	11	6	9	7	15	4	5	2	2	3	3	2	2
Injuries	12	23	8	7	7	17	8	5	5	2	2	3	3	4
All Causes	260	484	376	306	269	607	205	100	100	100	100	100	100	100

Causes of invaliding.	(k) Number invalided. Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	(l) Percentage in each period of residence to total number. Under 1.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Intermittent and Remittent Fevers	13	55	37	24	34	79	17	5	21	14	9	13	31	7
Venereal Diseases	15	31	30	19	25	64	15	8	16	15	10	13	32	8
Debility	15	31	30	21	16	49	27	8	16	16	11	8	26	14
All Causes	260	484	376	306	269	607	205	10	19	15	12	11	24	8

TABLE XVIII.

STATISTICS OF OFFICERS.

A.—SICKNESS and MORTALITY among OFFICERS of the BRITISH ARMY in 1904. (From the Medical Returns of the Army.)

	Ratios per 1,000 of strength.								Actuals.							
	Northern Command.	Western Command.	Eastern Command.	Secunderabad Division.	Burma Division.	Aden Column Field Force.	Sikkim-Tibet Mission Force.	India.	Northern Command.	Western Command.	Eastern Command.	Secunderabad Division.	Burma Division.	Aden Column Field Force.	Sikkim-Tibet Mission Force.	India.*
STRENGTH	...	...	...	...	...	...	...	...	575	673	578	305	110	12	17	2,319
CONSTANTLY SICK	31·4	27·4	28·1	34·0	26·0	49·2	8·8	28·8	18·04	18·42	16·24	10·37	2·86	·59	·15	6·672
INVALIDS	62·6	69·8	53·6	62·3	72·7	...	...	60·8	36	47	31	19	8	...	...	141
CASES REMAINING FROM 1903	...	...	...	...	...	...	...	...	24	17	15	12	1	1	...	70
ADMISSIONS	813·9	778·6	690·3	780·3	1036·4	1416·7	588·2	769·7	468	524	399	238	114	17	10	1,785
Influenza	67·8	10·4	34·6	6·6	18·2	...	...	30·2	39	7	20	2	2	...	...	70
Cholera	1·7	...	...	...	...	...	...	·4	1	...	...	...	...	...	...	1
Small-pox	1·7	...	...	...	...	...	...	·4	1	...	...	...	...	...	...	1
Enteric Fever	22·6	23·8	15·6	19·7	18·2	...	...	20·3	13	16	9	6	2	...	...	47
Intermittent Fever	156·5	203·6	76·1	118·0	163·6	916·7	58·8	147·9	90	137	44	36	18	11	1	343
Remittent Fever	3·5	7·4	6·9	...	27·3	...	...	6·0	2	5	4	...	3	...	...	14
Simple Continued Fever	45·2	14·9	38·1	26·2	54·5	...	...	31·0	26	10	22	8	6	...	...	72
Tubercle of the lungs	3·5	4 5	...	...	...	...	...	2·2	2	3	...	...	...	...	...	5
Pneumonia	1·7	3·0	...	6·6	...	...	58·8	3·0	1	2	...	2	...	...	1	7
Other Respiratory Diseases	15·7	10·4	12·1	16·4	45·5	...	58·8	14·7	9	7	7	5	5	...	1	34
Dysentery	24·3	23·8	31·1	36·1	36·4	...	...	27·2	14	16	18	11	4	..	...	63
Diarrhœa	36·5	40·1	39·8	29·5	72·7	83·3	117·6	39·2	21	27	23	9	8	1	2	91
Hepatic Abscess	1·7	...	1·7	3·3	...	...	...	1·3	1	...	1	1	...	...	...	3
„ Congestion and Inflammation	40·0	20·8	20·8	19·7	9·1	...	...	24·1	23	14	12	6	1	...	...	56
Venereal Diseases	...	8·9	1·7	6·6	...	...	...	3·9	...	6	1	2	...	...	...	9
DEATHS	8·70	1·49	12·11	6·56	18·18	...	58·82	9·06	5	1	7	2	2	...	1	21
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	3·48	1·49	3·46	...	...	...	...	2·59	2	1	2	...	...	...	...	6
Intermittent Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
Remittent Fever	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Circulatory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	..	...	...	...	58·82	·43	...	...	...	...	...	...	1	1
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	1·73	...	...	...	...	·43	...	...	1	...	...	...	...	1
Diarrhœa	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Hepatic Abscess	...	...	...	3·28	...	...	...	·43	...	...	...	1	...	...	...	1
DEATHS OUT OF HOSPITAL	3·48	1·49	5·19	6·56	18·18	...	...	5·61	2	1	3	2	2	...	...	13

* Including officers on the line of march.

B.—CAUSES of DEATH among OFFICERS of the BRITISH and INDIAN ARMIES in 1904. (From non-medical sources.)

ARMIES.	Strength in India, whether on leave or not, on the 1st of July 1904.	Strength in Europe or beyond sea on 1st July 1904, whether on furlough or sick leave.	In India.															Deaths in England and other countries.	Deaths at sea.	GRAND TOTAL.	Ratio per 1,000.
			Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	TOTAL.				
BRITISH	3,029	574	...	...	6	...	...	...	...	...	...	...	...	1	...	1	20	7	3	30	8·33
INDIAN	3,230	616	...	...	1	...	...	...	...	1	...	2	...	...	...	1	21	11	...	32	8·32

EUROPEAN TROOPS, 1904.

TABLE XVIII—*continued.*

STATISTICS OF OFFICERS.

C.—CHOLERA by months, stations, groups, and commands.

Station,* Group, Commands and Divisions.	Average annual strength.	Number of admissions from Cholera in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Ambala	77	...	...	...	...	1	...	...	...	...	...	...	...	1	13·0	...	...
Group VI.—Upper Sub-Himalaya . .	409	...	...	...	...	1	...	...	...	..	...	...	...	1	2·4	...	..
INDIA .	2,319	...	...	...	...	1	...	...	...	...	...	...	...	1	·4	...	...
Northern Command . .	575	...	...	...	...	1	...	...	...	...	...	...	...	1	1·7	...	...
Western Command . .	673	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eastern Command . .	578	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad Division .	305	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma Division . . .	110	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where Cholera did not occur are not shown in this table.

TABLE XVIII—*concluded.*

STATISTICS OF OFFICERS.

D.—ENTERIC FEVER by months, stations, groups, commands and divisions—concluded.

STATIONS,* GROUPS, COMMANDS AND DIVISIONS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Rangoon	33	...	...	...	...	...	...	...	1	...	1	...	...	2	60·6	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	36	...	...	...	...	...	...	...	1	...	1	...	...	2	55·6	...	...
Fort William	39	...	...	...	...	...	...	...	...	...	...	1	...	1	25·6	...	...
GROUP IV.—BENGAL AND ORISSA	61	...	...	...	...	...	...	...	...	...	...	1	...	1	16·4	...	...
B																	
Lucknow	75	...	...	...	...	...	...	..	1	...	...	...	...	1	13·3	...	...
Cawnpore	22	...	...	...	...	...	...	...	...	...	...	...	1	1	45·5	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	202	...	...	...	...	...	...	...	1	...	...	...	1	2	9·9	...	...
A																	
Meerut	48	...	...	...	...	...	...	...	...	1	...	...	...	1	20·8	...	...
Umballa	77	...	...	...	...	...	...	...	...	...	...	1	...	1	13·0	...	...
B																	
Sialkot	47	...	...	...	...	...	...	...	...	...	1	1	1	3	63·8	...	...
Rawalpindi	85	...	...	...	...	...	1	1	...	...	...	...	...	2	23·5	1	11·76
GROUP VI.—UPPER SUB-HIMALAYA	409	...	...	...		...	1	1	...	1	1	2	1	7	17·1	1	2·44
B																	
Agra	34	...	...	...	...	...	...	...	...	...	1	...	...	1	29·4	1	29·41
Jhansi	35	...	1	...	...	..	...	...	...	...	...	...	...	1	28·6	...	...
Indore	3	...	...	...	...	...	...	..	...	...	1	...	...	1	333·3	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA AND GUJARAT	198	...	1	...	...	...	...	...	...	...	2	...	...	3	15·2	1	5·05
A																	
Kamptee	31	...	...	...	...	...	...	...	...	1	...	...	...	1	32·3	...	...
B																	
Secunderabad	100	...	...	1	...	...	1	...	1	...	...	...	...	3	30·0	...	...
Belgaum	35	...	...	...	...	...	...	...	...	...	1	...	...	1	28·6	...	...
Poona	89	1	...	...	...	...	...	...	1	1	...	...	...	3	33·7	...	...
Kirkee	36		...	...	...	1	...	1	3	...	...	...	...	5	138·9	1	27·78
Ahmednagar	26	...	...	...	...	...	...	...		1	...		...	1	38·5	...	...
GROUP IX.—DECCAN	353	1	...	1	...	1	1	1	5	3	1	...	...	14	39·7	1	2·83
Colaba	50	...	...	...	...	...	...	...	...	...	...	1	...	1	20·0	...	...
GROUP X.—WESTERN COAST	60	...	...	...	...	...	...	...	...	...	...	1	...	1	16·7	...	...
A																	
Bangalore	97	...	...	...	...	...	...	1	1	1	...	...	...	3	30·9	...	...
GROUP XI.—SOUTHERN INDIA	155	...	...		...	...	...	1	1	1	...	...	...	3	19·4	...	...
Chakrata	36	...	...	...	...	...	...	...	1	1	...	...	...	2	55·6	...	...
Subathu	13	...	...	...	...	...	...	1	...	1	...	...	...	2	153·8	...	...
Camp Thobba	7	...	...	...	...	1	...	...	...	...	...	...	...	1	142·9	...	...
Khan Spur	12	...	...	...	...	1	...	...	...	...	...	...	...	1	83·3	...	...
Cherat	12	...	...	...	1	...		...	...		...		...	1	83·3	...	...
GROUP XII*a*.—HILL STATIONS	320	...	.	...	1	2	...	1	1	2	...	...	...	7	21·9	...	...
Landour	6	...	...	...	...	1	1	...	...	...	...	...	...	2	333·3	1	166·67
Murree	16	...	...	...	...	1	...	1	...	...	...	...	...	2	125·0	1	62·50
Mount Abu	3	...	...	..	...	...	...	...	...	...	...	...	1	1	333·3	...	...
Pachmarhi	12	...	...	1	...	...	...	...	...	...	...	...	...	1	83·3	...	...
GROUP XII*b*.—HILL CONVALESCENT DEPÔTS AND SANITARIA	155	...	..	1	...	2	1	1	...	...	...	...	1	6	38·7	2	12·90
Officers, Marching, India	49	...	...	...	...	...	...	...	...	...	...	...	1	1	20·4	1	20·41
INDIA	2,319	1	1	2	1	5	3	5	9	7	5	4	4	47	20·3	6	2·59
NORTHERN COMMAND	575	...	...	...	1	3	1	3	...	1	1	2	1	13	22·6	2	3·48
WESTERN ,,	673	1	1	1	...	1	...	1	4	3	2	1		16	23·8	1	1·49
EASTERN ,,	578	...	...	...	...	1	1	...	2	2	1	1	1	9	15·6	2	3·46
SECUNDERABAD DIVISION	305	...	...	1	...	...	1	1	2	1	...	...	...	6	19·7	...	...
BURMA DIVISION	110	...	...	...	...	...	...	...	1	...	1	...	...	2	18·2	...	...

* Stations where Enteric Fever did not occur are not shown in this table.

E.—DETAIL of DISEASES.

DISEASES.	INDIA.*			FIELD SERVICE.	
	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
nall-pox	1	...	1	...	...
easles	4	...	...	...	...
ubella	2	...	...	...	...
carlet fever	2	...	...	...	...
ague	1	...	...	...	...
engue	15	...	...	...	...
fluenza	70	...	...	...	...
umps	1	...	...	1	...
iphtheria	2	...	...	...	...
mple continued fever	72	...	...	...	...
nteric fever	47	6	21	...	...
editerranean fever	2	...	2	...	...
holera	1	...	...	...	...
ysentery	63	1	11	...	...
gue	331	...	23	12	...
emittent fever	14	...	1	...	...
rysipelas	1	...	...	...	...
ubercle of the lungs	5	...	5	...	...
yphilis	4	...	1	...	...
onorrhœa	4	...	...	...	...
æiva solium	4	...	...	...	...
usca domestica	1	...	...	...	...
cabies	1	...	...	...	...
ingworm	2	...	...	...	...
heumatic fever	...	...	1	...	...
heumatism	23	...	1	...	...
out	4	...	2	...	...
yst	1	...	...	...	...
broma	1	...	...	...	...
denoma	1	...	...	...	...
næmia	2	...	1	...	...
alposition of testicle	1	...	...	...	...
ebility	42	...	11	...	...
euritis	4	...	2	...	...
ultiple neuritis	1	...	...	...	...
chhymeningitis	1	1	...	...	...
euralgia	13	...	2	1	...
ervous weakness	3	...	1	...	...
ementia	1	...	1	...	...
elusional insanity	1	...	1	...	...
onjunctivitis	6	...	...	...	...
itis	1	...	...	...	...
flammation of the external ear	6	...	...	...	...
flammation of the middle ear	1	...	...	...	...
„ „ Suppurative	1	...	...	...	...
erforation of membrana tympanum	1	...	...	...	...
oryza	1	...	...	...	...
isordered action of the heart	3	...	...	1	...
arix	2	...	...	...	...
aryngitis	1	...	...	...	...
ronchitis	27	...	2	1	...
pasmodic asthma	2	...	1	...	...
neumonia	6	...	3	1	1
leurisy	3	...	...	...	...
flammation of the dental periosteum	1	...	...	...	...
um-boil	5	...	...	...	...
ore throat	24	...	1	...	...
onsillitis	7	...	...	...	...
ollicular tonsillitis	37	...	1	...	...
uinsy	3	...	...	...	...
flammation of the pharynx and œsophagus	4	...	...	...	...
astritis	22	...	1	2	...
lceration of the stomach	1	...	...	...	...
digestion	27	...	...	...	...
flammation of intestines	5	...	...	...	...
nteritis	16	1	1	...	...
yphiltis	9	1	4	...	...
olitis	3	...	...	...	...
atarrhal inflammation of the intestines	10	...	1	...	...
prue	1	...	1	...	...
ernia	2	...	1	...	...
onstipation	1	...	...	...	...
olic	8	...	...	...	...
iarrhœa	88	...	2	3	...
bscess of the rectum	1	...	...	...	...
stula in Ano	3	...	1	...	...
les	4	...	...	...	...
epatitis	18	1	3	...	...
bscess of the liver	3	1	...	...	...

DISEASES.	INDIA.*			FIELD SERVICE.	
	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Perihepatitis	5	...	...	...	...
Congestion of liver	33	...	1	...	...
Jaundice	28	...	...	...	...
Cholecystitis	5	...	1	...	...
Peritonitis	1	1	...	...	...
Inflammation of lymph-glands	17	...	2	...	...
Suppuration of lymph-gland	1	...	...	...	...
Inflammation of lymphatics	4	...	...	...	...
Acute nephritis	3	...	...	1	...
Movable kidney	1	...	1	...	...
Calculus in kidney	1	...	...	...	...
Nephralgia	1	...	...	...	...
Hæmaturia	2	...	...	...	...
Albuminuria	1	...	...	...	...
Cystitis	3	...	...	...	...
Urethritis	4	...	...	...	...
Urethral fistula	1	...	...	...	...
Inflammation of the prostate	1	...	1	...	...
Phimosis	2	...	...	...	...
Paraphimosis	1	...	...	...	...
Balanitis	3	...	...	...	...
Soft chancre	1	...	...	...	...
Hydrocele of the spermatic cord	1	...	...	...	...
Hæmatocele	1	...	...	...	...
Hydrocele of the tunica vaginalis	1	...	1	...	...
Orchitis	6	...	1	...	...
Epididymitis	1	...	...	...	...
Ostitis	1	...	...	...	...
Periostitis	2	...	1	...	...
Chronic abscess of bones	2	...	...	...	...
Necrosis of bones	1	...	1	...	...
Synovitis	41	...	2	...	...
Dislocation of articular cartilage	2	...	1	...	...
Myalgia	4	...	...	...	...
Inflammation of bursœ	2	...	1	...	...
Bunion	1	...	...	...	...
Hammertœ	1	...	...	...	...
Inflammation of connective tissue	41	...	1	...	...
Abscess of connective tissue	19	...	...	...	...
Erythema	1	...	...	...	...
Urticaria	1	...	...	...	...
Prickly heat	1	...	...	...	...
Eczema	8	...	...	...	...
Impetigo	1	...	...	...	...
Zona	1	...	...	...	...
Pemphigus	2	...	...	...	...
Ulcer	9	...	...	...	...
Boil	34	...	...	...	...
Whitlow	2	...	...	...	...
Onychia	1	...	...	...	...
Corn	2	...	...	...	...
Effects of heat	1	...	...	...	...
Burns and scalds	2	...	...	...	...
Heat-stroke	6	...	1	...	...
Sun-stroke	5	...	...	...	...
Multiple injury	1	1	...	...	...
Suffocation from submersion	...	3	...	...	...
Burns and scalds	1	...	...	...	...
Abrasion	14	...	...	...	...
Contusion	87	...	1	...	...
Wounds	46	...	1	1	...
Gunshot wounds	3	2	...	1	...
Strains and sprains	84	...	...	2	...
Rupture of muscles, and tendons	3	...	...	...	...
Fracture of base of skull	2	1	...	...	...
Fracture of other bones	29	...	2	...	...
Dislocation	20	...	3	...	...
Concussion of brain	24	...	4	...	...
„ of spinal cord	1	...	1	...	...
Compression of spinal cord	1	...	1	...	...
Internal derangement of joints	1	...	1	...	...
Poison, opium	1	...	...	...	...
Poisoned wound, by stinging insect	1	...	...	...	...
„ „ by tennis bat handle	1	...	...	...	...
„ „ by putrid exhalation	1	...	...	...	...
No appreciable disease	1	...	...	...	...
TOTAL	1758	20	141	27	1

* Excluding Field Service.

B. WOMEN.

TABLE XIX.

RATIOS AND ACTUALS OF COMMANDS AND DIVISIONS.

	Northern Command.		Western Command.		Eastern Command.		Secunder-abad Division.		Burma Division.		India.*		
Strength	762		955		837		485		181		3,220		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals,	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1903.
Constantly sick	32.0	24·35	29·4	28·08	29·8	24·96	33·8	16·40	26·5	4·80	30·6	98·59	
ADMISSIONS—													
Influenza	3·9	3	1·0	1	10·8	9	2.1	1	...	...	4·3	14	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	2·6	2	3·1	3	2.4	2	...	...	...	...	2·2	7	...
Enteric Fever	2·6	2	11·5	11	9.6	8	12.4	6	5·5	1	8·7	28	1
Intermittent Fever	78·7	60	115·2	110	59·7	50	33·0	16	49·7	9	76·1	245	4
Remittent Fever	1·3	1	2·1	2	4·8	4	...	...	...	...	2·2	7	...
Simple Continued Fever	2·6	2	5·2	5	11·9	10	10·3	5	11.0	2	7·5	24	...
Tubercle of the lungs	5·2	4	2·1	2	...	...	...	...	5·5	1	2·2	7	4
Pneumonia	1·3	1	...	...	1.2	1	...	...	...	...	6	2	...
Other Respiratory Diseases	13·1	10	15·7	15	9·6	8	51·5	25	11.0	2	18·6	60	2
Dysentery	3·9	3	5·2	5	2·4	2	8·2	4	...	...	4·3	14	3
Diarrhœa	21·0	16	12·6	12	19·1	16	26·8	13	16·6	3	18·6	60	...
Anæmia and Debility	371·4	283	263·9	252	296·3	248	185·6	90	259·7	47	285·7	920	39
Abortion and Puerperal Affections	47·2	36	30.4	29	64·5	54	37·1	18	27·6	5	44·1	142	31
Other diseases peculiar to women	35·4	27	38·7	37	58·5	49	55·7	27	55·2	10	46·6	150	5
ALL CAUSES	736·2	561	642·9	614	704·9	590	752·6	365	635·4	115	697·2	2,245	77
DEATHS—													*Deaths out o hospital.*
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	1·05	1	...	...	...	...	...	...	·31	1	...
Enteric Fever	...	...	2·09	2	...	...	2·06	1	...	...	·93	3	...
Intermittent Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Remittent Fever	1·31	1	...	...	1·19	1	...	...	...	...	·62	2	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	1·31	1	2·09	2	...	...	2·06	1	...	...	1·24	4	...
Pneumonia	1·31	1	...	...	...	...	...	...	...	...	·31	1	...
Other Respiratory Diseases	...	...	...	...	1·19	1	...	...	...	...	·31	1	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	1·31	1	...	...	...	...	...	...	...	...	·31	1	...
Childbirth and Abortion	2·62	2	2·09	2	3·58	3	2·06	1	...	...	2·48	8	...
ALL CAUSES	14·44	11	14·66	14	13·14	11	6·19	3	5·52	1	12·42	40	2
PERCENTAGE IN 100 ADMISSIONS—													
Influenza	·53		·16		1·53		·27		...		·62		
Cholera	...		...		...		...		...		...		
Small-pox	·36		·49		·34		...		...		·31		
Enteric Fever	·36		1·79		1·36		1·64		·87		1·25		
Intermittent Fever	10·70		17·92		8·47		4·38		7·83		10·91		
Remittent Fever	·18		·33		·68		...		...		·31		
Simple Continued Fever	·36		·81		1·70		1·37		1·74		1·07		
Tubercle of the lungs	·71		·33		...		...		·87		·31		
Pneumonia	·18		...		·17		...		...		·09		
Other Respiratory Diseases	1·78		2·44		1·36		6.85		1·74		2·67		
Dysentery	·53		·81		·34		1·10		...		·62		
Diarrhœa	2·85		1·95		2·71		3·56		2·61		2·67		
Anæmia and Debility	50·45		41·04		42·03		24·66		40·87		40·98		
Abortion and Puerperal Affections	6·41		4·72		9.15		4·93		4·35		6·33		
Other diseases peculiar to women	4·81		6·03		8·31		7·40		8·70		6·68		
PERCENTAGE IN 100 DEATHS—													
Cholera	...		...		...		...		...		...		
Small-pox	...		7·1		...		...		...		2·5		
Enteric Fever	...		14·3		...		33·3		...		7·5		
Intermittent Fever	...		...		...		...		...		...		
Remittent Fever	9·1		...		9·1		...		...		5·0		
Simple Continued Fever	...		...		...		...		...		...		
Tubercle of the lungs	9·1		14·3		...		33·3		...		10·0		
Pneumonia	9·1		...		...		...		...		2·5		
Other Respiratory Diseases	...		...		9·1		...		...		2·5		
Dysentery	...		...		...		...		...		...		
Diarrhœa	...		...		...		...		...		...		
Hepatic Abscess	9.1		...		...		...		...		2·5		
Childbirth and Abortion	18.2		14·3		27·3		33·3		...		20·0		

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* For complete detail of diseases, see Table LIII.

WOMEN, 1904.

TABLE XXI.

ENTERIC FEVER by months, stations, groups, commands and Divisions.

Stations,* Groups, Commands and Divisions.	Average annual strength.	Number of admissions from Enteric Fever in each month.												Total Admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Rangoon	83	...	...	...	...	...	...	1	...	...	...	...	...	1	12·0	...	...
Group I.—Burma Coast and Bay Islands	83	...	...	..	...	...	...	1	...	...	...	..	...	1	12·0	...	...
B																	
Sitapur	23	...	...	...	...	1	...	...	...	...	...	...	...	1	43·5	...	...
Lucknow	108	...	...	...	...	1	...	...	...	...	...	.	...	1	9·3	...	...
Group V.—Gangetic Plain and Chutia Nagpur	287	...	...	...	...	2	...	...	...		...	...	...	2	7·0	...	...
A																	
Meerut	81	...	...	...	2	...	1	...	...	...	...	...	2	5	61·7	...	...
Ambala	74	...	...	...	...	...	...	...	...	...	...	..	1	1	13·5	...	...
B.																	
Sialkot	46	...	...	...	...	1	...	...	...	...	..	...	...	1	21·7	...	...
Group VI.—Upper Sub-Himalaya	540	...	...	...	2	1	1	...	...	...	...	...	3	7	13·0	...	...
B																	
Nasirabad	23	...	...	..	1	1	...	...	...	...	...	...	...	2	87·0	1	43·48
Jhansi	41	1	...	...	...	...	...	...	...	...	...	...	...	1	24·4	...	...
Mhow	83	1	...	...	...	1	...	...	...	...	...	...	...	2	24·1	...	...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	261	2	...	...	1	2	...	...	...	...	...	...	...	5	19·2	1	3·83
B																	
Secunderabad	156	...	2	1	...	1	...	...	1	...	...	...	...	5	32·1	1	6·41
Poona	88	...	...	...	...	...	...	1	...	...	...	...	...	1	11·4	1	11·36
Ahmednagar	34	...	...	...	...	...	...	...	...	1	...	...	...	1	29·4	...	...
Group IX.—Deccan	474	...	2	1	...	1	...	1	1	1	...	...	...	7	14·8	2	4·22
A																	
Bangalore	133	...	...	1	...	...	...	...	...	...	...	...	...	1	7·5	...	...
Group XI.—Southern India	249	...	...	1	...	...	...	...	...	...	...	...	...	1	4·0	...	...
Ranikhet	61	...	...	...	1	...	...	...	...	...	...	...	...	1	16·4	...	...
Quetta	105	...	...	...	...	...	1	...	1	...	...	...	...	2	19·0	...	...
Group XII*a*.—Hill Stations	422	...	...	...	1	...	1	...	1	...	...	...	...	3	7·1	...	...
Pachmarhi	8	...	...	...	...	...	...	1	1	...	...	...	...	2	250·0	...	...
Group XII*b*.—Hill Convalescent Depôts, and Sanitaria	266	...	...	...	...	...	...	1	1	...	...	...	...	2	7·5	...	...
INDIA	3,220	2	2	2	4	6	2	3	3	1	...	...	3	28	8·7	3	·93
Northern Command	762	...	...	...	...	1	...	...	...	...	...	...	1	2	2·6	...	...
Western "	955	2	...	...	1	2	1	2	2	1	...	...	...	11	11·5	2	2·09
Eastern "	837	...	...	...	3	2	1	...	...	...	...	...	2	8	9·6	...	...
Secunderabad Division	485	...	2	2	...	1	...	...	1	...	...	...	...	6	12·4	1	2·06
Burma Division	181	...	...	...	...	...	...	1	...	...	...	...	...	1	5·5	...	

* Stations where Enteric Fever did not occur are not shown in this table.

C. CHILDREN,

TABLE XXII.

RATIOS AND ACTUALS OF COMMANDS AND DIVISIONS.

	Northern Command.		Western Command.		Eastern Command.		Secunderabad Division.		Burma Division.		India.*		
Strength	1,183		1,475		1,250		794		262		4,964		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Rati os.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1903.
Constantly sick	15·6	18·46	19·2	28·31	18·6	23·25	29·8	23·70	10·8	2·83	19·5	96·55	
ADMISSIONS—													
Influenza	3·4	4	·7	1	2·4	3	1·3	1	...	...	1·8	9	...
Cholera	...	...	·7	1	...	...	...	...	...	...	·2	1	...
Small-pox	·8	1	1·4	2	3·2	4	...	...	...	...	1·4	7	...
Measles	7·6	9	17·6	26	22·4	28	18·9	15	3·8	1	15·9	79	2
Whooping Cough	8·5	10	3·4	5	20·0	25	...	...	...	...	8·1	40	...
Enteric Fever	5·1	6	10·8	16	3·2	4	7·6	6	...	...	6·4	32	1
Intermittent Fever	53·3	63	86·1	127	84·0	105	75·6	60	7·6	2	71·9	357	4
Remittent Fever	...	...	...	...	·8	1	2·5	2	...	...	·6	3	...
Simple Continued Fever	5·1	6	4·1	6	15·2	19	31·5	25	...	...	11·3	56	...
Tubercular Diseases	8·5	10	1·4	2	1·6	2	1·3	1	7·6	2	3·4	17	...
Respiratory Diseases	38·9	46	34·0	50	48·0	60	107·1	85	38·2	10	50·6	251	8
Dysentery	15·2	18	9·5	14	3·2	4	11·3	9	15·3	4	9·9	49	1
Diarrhœa	60·0	71	41·4	61	44·8	56	35·3	28	22·9	6	44·7	222	3
Eye Diseases	12·7	15	12·9	19	12·0	15	94·5	75	42·0	11	27·2	135	2
ALL CAUSES	399·0	472	381·0	562	433·6	542	744·3	591	293·9	77	452·1	2,244	32
DEATHS—													*Deaths out of hospital.*
Cholera	...	...	·68	1	...	...	...	...	...	...	·20	1	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	·80	1	1·26	1	...	...	·40	2	...
Enteric Fever	...	...	1·36	2	...	...	...	...	...	...	·40	2	...
Intermittent Fever	...	...	1·36	2	·80	1	...	...	...	...	·60	3	...
Remittent Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercular Diseases	3·38	4	...	...	1·60	2	...	...	...	...	1·21	6	...
Convulsions	5·07	6	4·07	6	2·40	3	2·52	2	...	...	3·42	17	...
Respiratory Diseases	3·38	4	1·36	2	6·40	8	5·04	4	7·63	2	4·03	20	...
Teething	1·69	2	3·39	5	4·00	5	...	...	...	...	2·42	12	2
Dysentery	2·54	3	2·03	3	·80	1	...	...	...	...	1·41	7	...
Diarrhœa	8·45	10	7·46	11	6·40	8	1·26	1	...	...	6·04	30	...
Anæmia, Debility, and Immaturity	4·23	5	4·07	6	6·40	8	1·26	1	...	..	4·03	20	...
ALL CAUSES	49·03	58	35·25	52	41·60	52	20·15	16	19·08	5	36·87	183	6
PERCENTAGE IN 100 ADMISSIONS—													
Influenza	·85		·18		·55		·17		...		·40		
Cholera	...		·18		...		...		...		·04		
Small-pox	·21		·36		·74		...		...		·31		
Measles	1·91		4·63		5·17		2·54		1·30		3·52		
Whooping Cough	2·12		·89		4·61		...		...		1·78		
Enteric Fever	1·27		2·85		·74		1·02		...		1·43		
Intermittent Fever	13·35		22·60		19·37		10·15		2·60		15·91		
Remittent Fever	...		...		·18		·34		...		·13		
Simple Continued Fever	1·27		1·07		3·51		4·23		...		2·50		
Tubercular Diseases	2·12		·36		·37		·17		2·60		·76		
Respiratory Diseases	9·75		8·90		11·07		14·38		12·99		11·19		
Dysentery	3·81		2·49		·74		1·52		5·19		2·18		
Diarrhœa	15·04		10·85		10·33		4·74		7·79		9·89		
Eye Diseases	3·18		3·38		2·77		12·69		14·29		6·02		
PERCENTAGE IN 100 DEATHS—													
Cholera	...		1·9		...		...		...		·5		
Small-pox	...		...				...		...		...		
Diphtheria and Croup	...		...		...		6·2		...		1·1		
Enteric Fever	...		3·8		...		...		...		1·1		
Intermittent Fever	...		3·8		1·9		...		...		1·6		
Remittent Fever	...		...		...		...		...		...		
Simple Continued Fever	...		...		..		...		...		...		
Tubercular Diseases	6·9		...		3·8		...		...		3·3		
Convulsions	10·3		11·5		5·8		12·5		...		9·3		
Respiratory Diseases	6·9		3·8		15·4		25·0		40·0		10·9		
Teething	3·4		9·6		9·6		...		...		6·6		
Dysentery	5·2		5·8		1·9		...		...		3·8		
Diarrhœa	17·2		21·2		15·4		6·2		...		16·4		
Anæmia, Debility, and Immaturity	8·6		11·5		15·4		6·2		...		10·9		

* For complete detail of diseases, see Table LIII.

TABLE XXIII.

CHOLERA by months, stations, group, commands, and Divisions.*

Stations,† Group, Commands, and Divisions.	Average annual strength.	Number of admissions from Cholera in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Quetta	157	...	...	...	...	...	...	...	...	1	...	...	...	1	6·4	1	6·37
Group XII*a*.—Hill stations .	623	...	...	...	...	...	...	...	...	1	...	...	...	1	1·6	1	1·61
INDIA .	4,964	...	...	...	...	...	...	...	...	1	...	...	...	1	·2	1	·20
Northern Command . .	1,183	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Western ,, . .	1,475	...	...	...	...	...	...	...	...	1	...	...	...	1	·7	...	·68
Eastern ,, . .	1,250	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad Division .	794	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma Division . . .	262	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Choleraic diarrhœa.

† Stations where Cholera did not occur are not shown in this table.

TABLE XXIV.

ENTERIC FEVER by months, stations, groups, commands, and Divisions.

Stations,* Groups, Command, and Divisions.	Average annual strength.	Number of admissions from Enteric Fever in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate pe 1,000 o strength
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
B																	
Dinapore	38	...	...	1	...	...	...	...	...	...	...	...	...	1	26·3	...	...
Group V.—Gangetic Plain and Chutia Nagpur.	374	...	...	1	...	...	...	...	...	...	...	...	...	1	2·7	...	...
A																	
Meerut	116	...	...	...	...	...	...	...	...	...	...	...	1	1	8·6	...	...
B																	
Sialkot	77	...	...	...	1	...	...	...	...	...	1	...	...	2	26·0	...	...
Rawalpindi	204	...	...	...	...	...	...	...	...	1	...	...	...	1	4·9	...	...
Group VI.—Upper Sub-Himalaya.	833	...	...	...	1	...	...	...	...	1	1	...	1	4	4·8	...	...
A																	
Peshawar	62	...	...	...	...	...	...	...	...	...	...	1	...	1	16·1	...	...
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	279	...	...	...	...	...	...	...	...	...	...	1	...	1	3·6	...	...
B																	
Nasirabad	28	...	...	...	1	1	...	...	...	...	...	...	...	2	71·4	1	35·71
Agra	72	...	...	...	...	...	...	...	...	...	1	...	...	1	13·9	...	...
Jhansi	63	...	...	...	...	...	...	...	...	...	...	1	...	1	15·9	...	...
Indore	2	...	...	...	...	...	...	...	...	...	1	...	...	1	500·0	...	...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat.	373	...	...	...	1	1	...	...	...	...	2	1	...	5	13·4	1	2·68
B																	
Secunderabad	237	...	...	...	...	...	...	...	1	...	...	...	...	1	4·2	...	...
Kirkee	129	...	...	...	...	...	...	1	1	1	...	...	...	3	23·3	...	...
Group IX.—Deccan	722	...	...	...	...	...	...	1	2	1	...	...	...	4	5·5	...	...
Colaba	214	...	1		...	...	...	...	...	3	1	...	...	5	23·4	1	4·67
Group X.—Western Coast	232	...	1	...	...	...	...	...	...	3	1	...	...	5	21·6	1	4·31
A																	
Bellary	29	2	...	...	...	...	...	...	...	...	...	...	...	2	69·0	...	...
Bangalore	194	...	...	...	...	...	...	...	3	...	...	...	...	3	15·5	...	...
Group XI.—Southern India	429	2	...	...	...	...	...	...	3	...	...	...	...	5	11·7	...	...
Chakrata	42	...	...	...	...	...	...	...	1	...	...	...	...	1	23·8	...	...
Cherat	33	...	...	...	...	...	2	...	...	...	...	...	...	2	60·6	...	...
Quetta	157	...	...	...	...	...	1	...	1	...	...	...	...	2	12·7	...	...
Group XII*a*.—Hill Stations	623	...	...	...	...	...	3	...	2	...	...	...	...	5	8·0	...	...
Purandhur	18	...	...	...	...	...	...	...	...	...	1	1	...	2	111·1	...	...
Group XII*b*.—Hill Covalescent Depots and Sanitaria.	483	...	...	...	...	...	...	...	...	...	1	1	...	2	4·1	...	...
INDIA	4,964	2	1	1	2	1	3	1	7	5	5	3	1	32	6·4	2	·40
Northern Command	1,183	...	...	...	1	...	2	...	...	1	1	1	...	6	5·1	...	...
Western "	1,475	...	1	...	1	1	1	1	2	4	3	2	...	16	10·8	2	1·36
Eastern "	1,250	...	...	1	...	...	...	...	1	...	1	...	1	4	3·2	...	...
Secunderabad Division	794	2	...	...	...	...	...	...	4	...	...	...	...	6	7·6	...	...
Burma Division	262	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where Enteric Fever did not occur are not shown in this table.

TABLE XXV.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercular Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility, and Immaturity at birth.	ALL CAUSES.	Average annual strength.	Death-rate per 1,000 of strength.	Liability. (The Previous column expressed in percentages.)
nder 6 months	1	...	...	...	...	...	...	3	13	9	3‡	3	19	16*	97	537	180·63	55·83
etween 6 and 12 months	...	...	...	1	...	...	...	1	2	5	8	...	7	1	41	524	78·24	24·18
„ 12 and 18 „	...	...	...	...	2	...	...	...	1	1	...	4	2	1	17	449	37·86	11·70
„ 18 and 24 „	...	...	...	...	...	...	...	...	...	1	...	...	2	...	3	501	5·99	1·85
„ 2 years and 5 years	...	...	1	...	1	...	...	1	...	4	...	...	...	...	13	1,072	12·13	3·75
„ 5 „ and 10 „	...	...	1	1	...	...	...	1	1	...	...	...	...	...	8	1,192	6·71	2·07
„ 10 „ and 15 „	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	510	1·96	·61
„ 15 „ and upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	115	...	...
TOTAL	1	...	2†	2	3	...	...	6	17	20	11	7	30	18	180§	4,900	36·73	100

* Fifteen immaturity.
† Diphtheria.
‡ One with convulsion.
§ Excluding 3 deaths at Deolali as the strengths classified by ages are not available.

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TABLE H.

STATIONS by COMMANDS.

STATIONS.	Height above the sea-level in feet.*	Authority for height.†
NORTHERN COMMAND :—		
Ambala	902	S. G.
Jullundur	900	"
Ferozepore	645	"
Mian Mir	706	"
Amritsar	756	"
Sialkot	829	"
Jhelum	827	"
Rawalpindi	1,707	"
Attock	891	"
Mardan	...	...
Nowshera	1,100	M. O.
Peshawar	1,165	S. G.
Fort Jamrud	1,610	"
Kohat	1,768	"
Thal	2,820	I. B.
Edwardesabad	1,279	"
Dera Ismail Khan	571	S. G.
Tank	1,000	I. B.
Jatta	1,000	"
Drazand	1,600	"
Nili Kach	1,500	"
Fort Zam	1,350	"
Dera Ghazi Khan	395	S. G.
Multan	402	"
Jandola	2,400	I. B.
Kajuri Kach	2,500	"
Simla	7,230	S. G.
Jutogh	6,371	"
Dharmsala	6,111	"
Bakloh	4,585	"
Murree	7,098	"
Khyragully	8,746	"
Baragully	...	...
Kalabagh	7,936	I. B.
Chitral	4,980	S. G.
Kila Drosh	4,250	I. B.
Malakand	...	...
Dargai	...	...
Chakdara	3,905	S. G.
Abbottabad	4,152	"
Cherat	4,520	"
Fort Lockhart	6,567	I. B.
Hangu	3,650	"
Miran Shah	3,050	"
Sarwekai	4,076	"
Wana	4,500	"
WESTERN COMMAND :—		
Bikaner	828	S. G.
Sibi	495	"
Jacobabad	181	"
Hyderabad	134	I. B.
Kurrachee	28	S. G.
Bhuj	...	...
Rajkot	417	S. G.
Deesa	468	"
Ahmedabad	170	"
Baroda	...	...
Alirajpore	977	S. G.
Sirdarpore	1,659	"
Jhabwa	1,171	"
Kherwara	1,050	"
Kotra	1,033	"
Udaipur	1,950	"
Todgarh	2,300	"
Erinpura	869	"
Neemuch	1,613	"
Deoli	1,122	"
WESTERN COMMAND—*contd.*		
Beawar	1,465	S. G.
Nasirabad	1,461	"
Ajmer	1,627	"
Sambhar	1,254	M. D.
Jaipur	1,582	S. G.
Gwalior	...	...
Jhansi	860	S. G.
Nowgong	770	I. B.
Goona	1,617	S. G.
Agar	1,671	"
Sehore	1,617	"
Indore	1,805	"
Mhow	1,903	I. B.
Asirgarh	2,283	S. G.
Saugor	1,753	"
Sutna	1,040	M. D.
Jubbulpore	1,306	S. G.
Kamptee	941	"
Sitabaldi	1,236	"
Aurangabad	1,865	M. D.
Ahmednagar	2,125	S. G.
Belgam	2,473	"
Satara	2,183	"
Poona	1,909	"
Kirkee	1,837	"
Sirur	...	...
Bombay	20	S. G.
Vakolai	...	...
Mir Ali Khel	3,650	I. B.
Fort Sandeman	4,700	"
Hindubagh	5,675	S. G.
Musa Khel	4,450	I. B.
Khan Mohamed Kot	3,431	S. G.
Kila Saifulla	...	...
Murgha	5,100	I. B.
Loralai	4,450	S. G.
Gumbaz	3,000	I. B.
Quetta	5,511	S. G,
Peshin	5,157	"
Shelabagh	7,700	I. B.
Spinwana	7,800	"
Chaman	5,488	S. G
Mount Abu	3,960	"
Chabbar	...	...
Jask	...	...
Muscat	...	...
Bushire	40	I. B.
Bagdad	300	"
Aden	26	S. G.
Khormaksar	50	I. B.
Perim	249	"
EASTERN COMMAND :—		
Manipur	2,619	S. G.
Sadiya	440	M. H. I.
Dibrugarh	342	S. G.
Silchar	104	M. D.
Fort William	17	S. G.
Alipore	...	...
Barrackpore	24	S. G.
Buxa	2,457	"
Cuttack	74	"
Doranda (Ranchi)	2,166	"
Dinapore	...	...
Benares	256	S. G.
Allahabad	298	"
Fyzabad	336	"
EASTERN COMMAND—*contd.*		
Lucknow	400	S. G.
Cawnpore	417	"
Fatehgarh	444	I. B.
Bareilly	560	S. G.
Roorkee	884	"
Dehra Dun	2,229	"
Meerut	739	"
Delhi	715	"
Agra	554	"
Kalanaga	3,400	I. B.
Kohima	4,500	"
Shillong	4,987	S. G.
Gantak	5,000	I. B.
Almora	5,494	S. G.
Ranikhet	5,983	"
Naini Tal	6,400	"
Lansdowne	...	...
SECUNDERABAD DIVISION :—		
Ellichpur	1,218	S. G.
Bolarum	...	...
Secunderabad	1,732	S. G.
Cannanore	47	"
Trivandrum	198	M. D.
Bellary	1,483	S. G.
Bangalore	3,021	"
Trichinopoly	274	"
Pallávaram	74	"
St. Thomas' Mount	250	"
Madras	15	"
Vizianagram	191	
Ootacamund	7,216	"
Mercara	3,835	"
BURMA DIVISION :—		
Port Blair	85	S. G
Rangoon	14	"
Thayetmyo	145	"
Keng Tung	2,773	"
Fort Stedman	2,900	"
Meiktila	298	"
Fort Dufferin	249	"
Bhamo	351	"
Maymyo	3,600	"

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* These are usually the heights above sea-level of the survey-marks or of the mercury-surface in barometer-cisterns in the stations.

† S. G. = Surveyor-General of India ; M. H. I. = Dr. Macnamara's "Himalayan India"; M. D. = Meteorological Department ; I. B. = Intelligence Branch of the Quarter-Master-General's Department ; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

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TABLE XXVI.

RATIOS of COMMANDS.

The ratios of admissions and deaths to strength are taken from Table XXVIII. The actuals will be found in Table XXIX.

	Ratio per 1,000 of the average strength.					
	Northern Command.	Western Command.	Eastern Command.	Secundera-bad Division.	Burma Division.	Army of India.* †
I.—Average Annual Strength	40,293	34,894	21,777	14,290	6,401	124,055
II.—Constantly-sick-rate of each month—						
January	25·7	26·0	17·6	23·2	22·8	24·1
February	25·2	23·7	18·2	23·0	20·5	23·4
March	19·8	21·8	18·2	21·3	23·4	21·2
April	18·3	20·2	18·9	19·9	19·0	19·7
May	20·9	21·1	20·9	18·3	21·0	21·7
June	20·8	23·5	21·1	17·4	23·6	22·4
July	21·5	26·9	21·6	17·8	24·5	24·2
August	22·7	29·9	24·1	18·6	24·2	26·2
September	23·5	29·5	26·2	17·6	26·4	25·6
October	22·4	29·1	25·8	15·3	21·5	24·9
November	25·2	28·7	23·3	17·8	24·1	25·3
December	25·8	26·9	23·6	17·7	25·8	25·2
Of the Year	22·8	25·7	21·5	19·2	23·0	23·8
III.—Admission-rate of the year—						
Influenza	1·0	·7	4·0	2·1	2·3	1·8
Cholera	...	·3	·4	·1	·2	·2
Small-pox	·4	·6	·8	·1	...	·5
Enteric Fever	·8	·5	·7	·1	...	·6
Intermittent Fever	203·8	212·2	172·1	74·7	183·1	194·1
Remittent Fever	11·0	5·4	6·0	2·2	5·0	7·2
Simple Continued Fever	6·6	5·2	6·8	14·0	4·2	6·7
Tubercle of the lungs	6·4	2·5	3·5	·8	4·7	3·9
Pneumonia	15·6	13·9	5·4	7·6	3·1	11·7
Other Respiratory Diseases	20·7	20·8	15·7	17·1	29·4	21·1
Dysentery	30·4	27·8	30·6	24·4	35·9	31·5
Diarrhœa	3·6	9·0	8·6	1·3	4·4	6·7
Hepatic Abscess	·1	·2	...	·1	·3	·1
Hepatic Congestion and Inflammation	·5	1·1	1·0	1·1	·5	·8
Scurvy	3·2	7·2	·5	1·0	·5	4·0
Venereal Diseases	13·7	24·7	21·7	25·5	21·7	20·6
All Causes	609·4	653·9	545·5	437·1	564·4	603·2
IV.—Death-rate of the year—						
Cholera	·02	·32	·31	·07	...	·18
Small-pox	.07	...	...	...	...	·02
Enteric Fever	·15	·11	·26	...	...	·13
Intermittent Fever	·22	·34	·53	·07	1·25	·44
Remittent Fever	·84	·52	·53	·28	·78	·71
Simple Continued Fever	...	...	...	...	...	...
Circulatory Diseases	·02	·14	·22	·42	·16	·19
Tubercle of the lungs	·74	·26	·53	...	·62	·51
Pneumonia	2·90	2·24	·97	1·26	·78	2·32
Other Respiratory Diseases	·17	·23	·18	·21	·78	·25
Dysentery	·17	·26	·09	·21	·16	·27
Diarrhœa	·07	·03	·04	·07	...	·05
Hepatic Abscess	·05	·03	...	...	·16	·04
Anæmia and Debility	·07	·09	·09	·07	·47	·15
All Causes	7·70	7·97	6·23	6·79	6·89	8·46
V.—Percentage in 100 Admissions—						
Influenza	·16	·11	·79	·48	·42	·29
Cholera	...	·05	·06	·03	·03	·03
Small-pox	·07	·09	·14	·02	...	·07
Enteric Fever	·13	·08	·14	·02	...	·09
Intermittent Fever	33·44	32·44	31·56	17·08	32·44	32·17
Remittent Fever	1·80	·82	1·10	·51	·89	1·20
Simple Continued Fever	1·08	·80	1·26	3·20	·75	1·11
Tubercle of the lungs	1·05	·38	·64	·19	·83	·65
Pneumonia	2·57	2·12	1·00	1·73	·55	1·94
Other Respiratory Diseases	3·40	3·18	2·88	3·92	5·20	3·51
Dysentery	4·99	4·26	5·60	5·59	6·37	5·22
Diarrhœa	·59	1·38	1·59	·30	·78	1·11
Hepatic Abscess	·01	·03	·01	·02	·06	·02
Hepatic Congestion and Inflammation	·08	·17	·18	·26	·08	·14
Scurvy	·52	1·10	·09	·24	·08	·67
Venereal Diseases	2·25	3·78	3·98	5·84	3·85	3·41
VI.—Percentage in 100 Deaths—						
Cholera	·3	4·0	4·9	1·0	...	2·0
Small-pox	1·0	...	...	...	...	·3
Enteric Fever	1·9	1·4	4·2	...	...	1·5
Intermittent Fever	2·9	4·3	8·5	1·0	18·2	5·2
Remittent Fever	10·9	6·5	8·5	4·1	11·4	8·4
Simple Continued Fever	...	...	...	...	...	...
Circulatory Diseases	·3	1·8	3·5	6·2	2·3	2·2
Tubercle of the lungs	9·6	3·2	8·5	...	9·1	6·0
Pneumonia	37·6	28·1	15·5	18·6	11·4	27·4
Other Respiratory Diseases	2·3	2·9	2·8	3·1	11·4	3·0
Dysentery	2·3	3·2	1·4	3·1	2·3	3·1
Diarrhœa	1·0	·4	·7	1·0	...	·6
Hepatic Abscess	·6	·4	...	...	2·3	·5
Anæmia and Debility	1·0	1·1	1·4	1·0	6·8	1·7

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* For complete detail of diseases see Table LIII.

† Excluding troops in China and Somaliland, and including troops in Extra India not in the Indian Command, and also including Sikkim Tibet Mission, and Aden Column Field Force, which are not included in the commands.

TABLE XXVII.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XXVIII. The actuals will be found in Table XXIX.

	Ratio per 1,000 of the Average Strength.												
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Army of India.*†
I.—Average Annual Strength	1,334	3,800	799	2,472	6,956	15,661	18,157	12,529	16,162	1,950	6,786	20,366	...
II.—Constantly-sick-rate of each month—													
January	22·9	20·9	32·0	20·2	18·3	20·7	32·2	27·6	21·8	38·6	30·0	26·8	24·1
February	16·0	23·2	33·1	21·9	18·7	20·4	28·0	26·3	19·3	33·6	32·0	27·1	23·4
March	14·7	21·6	54·1	19·9	16·2	17·3	21·1	22·5	17·7	38·9	29·9	24·9	21·2
April	16·0	19·5	23·8	22·1	17·7	17·5	20·1	21·4	16·5	29·6	29·6	20·6	19·7
May	19·8	21·0	22·0	27·4	18·1	19·8	24·3	21·6	15·8	23·1	26·6	22·8	21·7
June	25·0	22·5	28·5	24·6	17·3	17·6	22·2	24·7	15·3	28·7	23·5	27·1	22·4
July	24·0	24·1	21·5	25·9	18·7	17·0	21·0	26·1	18·7	25·4	21·8	30·6	24·2
August	24·2	24·0	23·1	26·2	21·9	21·4	22·7	29·5	22·2	29·8	22·5	31·3	26·2
September	34·2	25·1	27·2	23·5	25.1	23·6	23·7	31·1	20·6	23·2	20·7	32·6	26·6
October	24·4	21·9	39·0	24·2	28·3	23·4	27·6	29·6	19·6	26·6	18·0	32·6	24·9
November	26·2	26·2	40·3	33·7	29·6	24·5	30·4	29·4	21·8	33·4	21·6	32·4	25·3
December	20·2	28·9	40·8	35·6	23·8	22·7	30·4	26·2	20·9	34·2	22·0	32·0	25·2
Of the Year	22·2	23·2	31·8	25·1	21·0	20·5	25·6	26·4	19·2	30·6	24·9	28·3	23·8
III.—Admission-rate of the Year—													
Influenza	11·2	...	...	29·1	...	1·3	·5	...	...	...	4·4	2·5	1·8
Cholera	...	·3	...	·4	...	...	·1	...	·7	...	·3	·3	·2
Small-pox	...	...	...	...	·1	1.1	·4	·2	·5	4·6	·1	·3	·5
Enteric Fever	...	...	2·5	·8	·3	·9	·7	1·0	·2	...	...	·9	·6
Intermittent Fever	239·9	190·5	235·3	325·2	149·8	160·6	254·4	218·5	110·4	209·2	102·0	225·4	194·1
Remittent Fever	2·2	5·0	20·0	4·4	6·0	4·4	13·3	2·5	4·0	5·1	·9	11·1	7·2
Simple Continued Fever	18·7	·5	...	...	11·2	·5	1·0	5·3	11·6	11·8	9·4	12·4	6·7
Tubercle of the lungs	1·5	5·5	7·5	3·6	1·7	5·3	6·2	3·6	1·7	2·6	·3	6·1	3·9
Pneumonia	1·5	3·4	13·8	6·0	3·7	10·5	19·1	14·8	7·1	9·8	7·1	15·6	11·7
Other Respiratory Diseases	33·0	29·7	38·8	35·6	14·2	15·1	27·3	18·7	17·5	19·5	22·3	20·9	21·1
Dysentery	60·0	31·1	65·1	60·7	30·3	24·6	42·8	16·5	26·0	29·2	21·7	26·3	31·5
Diarrhœa	...	4·7	5·0	21·0	3·5	4·1	4·4	4·5	5·5	17·4	1·8	8·2	6·7
Hepatic Abscess	...	·5	...	...	...	·1	·1	·2	·1	·5	...	...	·1
Hepatic Congestion and Inflammation	·7	·5	...	·8	1·0	·4	·4	1·1	·9	3·1	1·5	1·3	·8
Scurvy	...	·8	...	·4	·3	3·8	2·7	8·6	2·2	4·1	1·9	4·1	4·0
Venereal Diseases	25·5	17·6	45·1	21·8	23·1	16·3	13·5	19·5	27·2	53·3	36·3	21·2	20·6
All Causes	711·4	555·0	687·1	787.6	526·2	509·3	735·9	677·8	503·2	673·8	537·1	656·8	603·2
IV.—Death-rate of the Year—													
Cholera	...	...	...	·40	...	...	·06	...	·56	...	·15	·29	·18
Small-pox	...	...	...	...	...	·06	·06	...	...	...	...	·05	·02
Enteric Fever	...	...	...	·40	·14	·45	·06	·16	...	...	...	·20	·13
Intermittent Fever	·75	1·84	...	...	·14	·45	·17	·32	·12	·51	·15	·49	·44
Remittent Fever	...	·79	3·75	...	·43	·45	1·16	·40	·43	·51	·29	·98	·71
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Circulatory Diseases	...	·26	...	...	·29	·13	...	...	·49	...	·29	·05	·19
Tubercle of the lungs	·75	·53	2·50	...	...	·64	·28	·16	·06	...	...	1·47	·51
Pneumonia	·75	·79	5·01	·81	·86	1·79	3·58	2·39	1·24	1·54	1·77	2·46	2·32
Other Respiratory Diseases	·75	1·05	1·25	·40	...	·13	·22	·16	·25	1·03	·15	·20	·25
Dysentery	...	·26	...	...	·14	·13	·22	...	·06	·51	·29	·34	·27
Diarrhœa	...	...	...	...	...	·06	·11	...	...	...	...	·05	·05
Hepatic Abscess	...	·26	...	...	...	·06	·06	...	...	·51	...	...	·04
Anæmia and Debility	...	·79	...	...	·14	·13	·11	·08	...	...	·15	..	·15
All Causes	3·00	8·42	15·02	2·83	5·03	7·02	8·43	6·47	7·05	8·72	9·14	8·84	8·46
V.—Percentage in 100 Admissions—													
Influenza	1·58	...	...	3·70	...	·25	·07	...	...	...	·82	·38	·29
Cholera	...	·05	...	·05	...	...	·01	...	·14	...	·05	·05	·03
Small-pox	...	...	...	...	·03	·23	·06	·02	·10	·68	·03	·05	·07
Enteric Fever	...	...	·36	·10	·05	·18	·10	·14	·04	...	...	·13	·09
Intermittent Fever	33·72	34·33	34·24	41·29	28·47	31·53	34·58	32·23	21·94	31·05	18·98	34·31	32·17
Remittent Fever	·32	·90	2·91	·56	1·15	·87	1·81	·37	·80	·76	·16	1·69	1·20
Simple Continued Fever	2·63	·09	...	...	2·13	·11	·13	·78	2·30	1·75	1·76	1·88	1·11
Tubercle of the lungs	·21	1·00	1·09	·46	·33	1·04	·84	·53	·33	·38	·05	·93	·65
Pneumonia	·21	·62	2·00	·77	·71	2·06	2·60	2·19	1·41	1·45	1·32	2·38	1·94
Other Respiratory Diseases	4·64	5·36	5·65	4·52	2·70	2·97	3·70	2·76	3·48	2·89	4·14	3·18	3·51
Dysentery	8·43	5·60	9·47	7·70	5·77	4·83	5·81	2·44	5·16	4·34	4·03	4·00	5·22
Diarrhœa	...	·85	·73	2·67	·66	·80	·60	·66	1·09	2·59	·33	1·25	1·11
Hepatic Abscess	...	·09	...	...	...	·03	·01	·02	·01	·08	...	...	·02
Hepatic Congestion and Inflammation	·11	·09	...	·10	·19	·08	·06	·16	·17	·46	·27	·20	·14
Scurvy	...	·14	...	·05	·05	·74	·37	1·27	·44	·61	·36	·62	·67
Venereal Diseases	3·58	3·18	6·56	2·77	4·40	3·20	1·83	2·87	5·40	7·91	6·75	3·23	3·41
VI.—Percentage in 100 Deaths—													
Cholera	...	...	...	14·3	...	...	·7	...	7·9	...	1·6	3·3	2·0
Small-pox	...	...	...	...	...	.9	·7	...	...	...	...	·6	·3
Enteric Fever	...	...	...	14·3	2·9	6·4	·7	2·5	...	...	...	2·2	1·5
Intermittent Fever	25·0	21·9	...	...	2·9	6·4	2·0	4·9	1·8	5·9	1·6	5·6	5·2
Remittent Fever	...	9·4	25·0	...	8·6	6·4	13·7	6·2	6·1	5·9	3·2	11·1	8·4
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Circulatory Diseases	...	3·1	...	...	5·7	1·8	...	...	7·0	...	3·2	·6	2·2
Tubercle of the lungs	25·0	6·3	16·7	...	...	9·1	3·3	2·5	·9	...	...	16·7	6·0
Pneumonia	25·0	9·4	33·3	28·6	17·1	25·5	42·5	37·0	17·5	17·6	19·4	27·8	27·4
Other Respiratory Diseases	25·0	12·5	8·3	14·3	...	1·8	2·6	2·5	3·5	11·8	1·6	2·2	3·0
Dysentery	...	3·1	...	...	2·9	1·8	2·6	...	·9	5·9	3·2	3·9	3·1
Diarrhœa	...	...	...	...	...	·9	1·3	...	...	...	...	·6	·6
Hepatic Abscess	...	3·1	...	...	...	·9	·7	...	...	5·9	...	...	·5
Anæmia and Debility	...	9·4	...	...	2·9	1·8	1·3	1·2	...	...	1·6	...	1·7

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* See foot-note to Table XXVI.

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TABLE XXVIII.

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX.

Stations and Groups.	Average annual strength.	1. Admission-rate.												2. Death-rate.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All causes.	Constantly Sick.	Syphilis.	Soft Chancre.	Gonorrhœa.
ort Blair	302	... ...	... ...	... ...	... ...	106·0 ...	9·9 ...	6·6 ...	... ...	... ...	3·3 ...	... ...	39·7 ...	... ...	... ...	... ...	... ...	6·6 ...	16·6 ...	394·0 ...	23·2	16·6 ...	... ...	... ...
angoon	1,032	14·5 ...	... ...	... ...	... ...	279·1 ·97	... ...	22·3 ...	1·9 ...	1·9 ·97	1·0 ·97	42·6 ·97	65·9 ...	... ...	... ...	1·0 ...	... ...	16·5 ...	28·1 ...	804·3 3·88	22·3	9·7 ...	11·6 ...	6·8 ...
ROUP I.—BURMA COAST AND BAY ISLANDS.	1,3 34	11·2 ...	... ...	... ...	... ...	239·9 ·75	2·2 ...	18·7 ...	1·5 ...	1·5 ·75	1·5 ·75	33·0 ·75	60·0 ...	... ...	... ...	·7 ...	... ...	14·2 ...	25·5 ...	711·4 3·00	22·2	11·2 ...	9·0 ...	5·2 ...
hayetmyo	251	... ...	... ...	... ...	... ...	195·2 ...	... ...	... ...	4·0 ...	4·0 ...	12·0 3·98	31·9 ...	15·9 ...	... ...	... ...	... ...	4·0 ...	19·9 ...	15·9 ...	454·2 7·97	23·9	12·0 ...	... ...	4·0 ...
eng Tung	299	... ...	... ...	... ...	... ...	314·4 6·69	... ...	... ...	... ...	30·1 3·34	20·1 6·69	63·5 10·03	26·8 ...	... ...	... ...	... ...	... ...	20·1 ...	23·4 ...	622·1 30·10	40·1	13·4 ...	... ...	10·0 ...
ort Stedman	332	... ...	... ...	... ...	... ...	153·6 3·01	9·0 ...	... ...	... ...	21·1 3·01	... ...	18·1 ...	3·0 ...	... ...	3·0 3·01	... ...	.. ...	45·2 ...	84·3 ...	683·7 12·04	42·2	21·1 ...	27·1 ...	36·1 ...
eiktila	520	... ...	... ...	... ...	... ...	192·3 ...	7·7 1·92	... ...	1·9 ...	... ...	... ...	28·8 ...	15·4 ...	5·8 ...	1·9 ...	1·9 ...	... ...	15·4 ...	23·1 ...	465·4 1·92	19·2	15·4 ...	7·7 ...	... ...
ort Dufferin	1,493	... ...	... ...	... ...	... ...	202·3 ·67	4·7 1·34	1·3 ...	·7 ...	2·7 ...	2·7 ...	34·8 ·67	23·4 ·67	3·3 ...	... ...	·7 ...	·7 ...	28·1 ·67	10·0 ...	620·9 6·70	21·4	4·0 ...	3·3 ...	2·7 ...
hamo	905	... ...	1·1 ...	... ...	... ...	141·4 3·31	5·5 ...	... ...	2·2 1·10	... ...	... ...	14·4 ...	68·5 ...	11·0 ...	... ...	... ...	1·1 ...	16·6 2·21	1·1 ...	456·4 6·63	16·6	... ...	... ...	1·1 ...
ROUP II.—BURMA INLAND	3,800	... ...	·3 ...	... ...	... ...	190·5 1·84	5·0 ·79	·5 ...	1·3 ·26	5·5 ·53	3·4 ·79	29·7 1·05	31·1 ·26	4·7 ...	·5 ·26	·5 ...	·8 ...	23·9 ·79	17·6 ...	555·0 8·42	23·2	7·4 ...	4·7 ...	5·5 ...
Manipur	435	... ...	... ...	... ...	4·6 ...	188·5 ...	34·5 6·90	... ...	... ...	11·5 4·60	25·3 9·20	32·2 2·30	32·2 ...	6·9 ...	... ...	... ...	... ...	13·8 ...	59·8 ...	719·5 27·59	34·5	16·1 ...	23·0 ...	20·7 ...
adiya	72	... ...	... ...	... ...	... ...	291·7 ...	... ...	... ...	... ...	... ...	... ...	55·6 ...	125·0 ...	13·9 ...	... ...	... ...	... ...	27·8 ...	... ...	763·9 ...	27·8	... ...	... ...	... ...
ibrugarh	276	... ...	... ...	... ...	... ...	304·3 ...	3·6 ...	... ...	... ...	3·6 ...	... ...	43·5 ...	105·1 ...	... ...	... ...	... ...	... ...	18·1 ...	29·0 ...	630·4 ...	29·0	14·5 ...	3·6 ...	10·9 ...
ilchar	16	... ...	... ...	... ...	... ...	62·5 ...	... ...	... ...	... ...	... ...	... ...	62·5 ...	... ...	... ...	... ...	... ...	... ...	... ...	125·0 ...	437·5 ...	62·5	62·5 ...	... ...	62·5 ...
ROUP III.—ASSAM	799	... ...	... ...	... ...	2·5 ...	235·2 ...	20·0 3·75	... ...	... ...	7·5 2·50	13·8 5·01	38·8 1·25	65·1 ...	5·0 ...	... ...	... ...	... ...	16·3 ...	45·1 ...	687·1 15·02	31·8	15·0 ...	13·8 ...	16·3 ...
ort William	620	71·0 ...	... ...	... ...	1·6 ...	143·5 ...	... ...	... ...	3·2 ...	4·8 ...	1·6 ...	30·6 ...	45·2 ...	1·6 ...	... ...	... ...	... ...	9·7 ...	25·8 ...	651·6 ...	25·8	8·1 ...	3·2 ...	14·5 ...
lipore	716	39·1 ...	1·4 1·40	... ...	1·4 1·40	456·7 ...	2·8 ...	... ...	1·4 ...	4·2 ...	8·4 2·79	67·0 ...	34·9 ...	41·9 ...	... ...	2·8 ...	1·4 ...	12·6 ...	15·4 ...	926·0 0·98	26·5	7·0 ...	5·6 ...	2·8 ...
arrackpore	483	... ...	... ...	... ...	... ...	687·4 ...	12·4 ...	.. ...	... ...	2·1 ...	2·1 ...	14·5 ...	142·9 ...	37·3 ...	... ...	... ...	... ...	12·4 ...	6·2 ...	1,207·0 2·07	35·2	4·1 ...	2·1 ...	... ...
uxa	320	... ...	... ...	... ...	... ...	84·4 ...	9·4 ...	... ...	... ...	... ...	15·6 ...	28·1 3·13	81·3 ...	9·4 ...	... ...	... ...	... ...	37·5 ...	12·5 ...	543·8 3·13	18·7	6·3 ...	... ...	6·3 ...
uttack	333	... ...	... ...	... ...	... ...	87·1 ...	... ...	... ...	... ...	6·0 ...	6·0 ...	15·0 ...	6·0 ...	... ...	... ...	... ...	... ...	... ...	60·1 ...	369·4 ...	12·0	21·0 ...	15·0 ...	24·0 ...
ROUP IV.—BENGAL AND ORISSA ...	2,472	29·1 ...	·4 ·40	... ...	·8 ·40	325·2 ...	4·4 ...	... ...	1·2 ...	3·6 ...	6·0 ·81	35·6 ·40	60·7 ...	21·0 ...	... ...	·8 ...	·4 ...	13·3 ...	21·8 ...	787·6 2·83	25·1	8·5 ...	4·9 ...	8·5 ...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX

Stations and Groups.	Average annual strength.	1. Admission-rate.														2. Death-rate.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Syphilis.	Soft Chancre.
A.																							
Doranda (Ranchi)	433	...	...	...	...	327·7	16·2	...	...	4·6	2·3	4·6	20·8	23·1	...	2·3	...	4·6	34·6	805·7	32·3	9·2	16·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·93		...	...
B.																							
Dinapore	846	...	...	...	1·2	269·5	29·6	...	1·2	1·2	1·2	20·1	17·7	1·2	...	3·5	...	1·2	31·9	711·6	27·2	17·7	5·9
		...	...	...	1·18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1·18		...	...
Benares	709	...	...	...	...	98·7	1·4	8·3	2·8	1·4	7·1	12·7	1·4	5·6	...	...	...	...	12·7	380·8	12·7	5·6	7·1
		...	...	...	...	...	...	...	1·41	...	...	...	...	...	...	...	...	...	...	1·41		...	...
Allahabad	1,143	...	...	...	...	209·1	1·7	...	·9	...	4·4	14·9	69·1	...	...	...	...	4·4	35·9	695·5	24·5	16·6	3·5
		...	...	...	...	...	..	...	...	...	·87	...	...	...	...	...	...	...	·87	8·75		...	...
Fyzabad	1,073	...	...	...	·9	135·1	1·9	60·6	...	...	2·8	23·3	14·0	2·8	...	2·[illegible]	1·9	5·6	21·4	587·1	21·4	1·9	3·7
		...	...	...	...	...	...	...	...	...	1·86	...	...	...	...	...	...	...	...	7·46		...	...
Lucknow	1,518	...	...	·7	...	52·7	1·3	...	...	1·3	4·6	10·5	27·7	·7	...	...	...	8·6	12·5	256·9	14·5	6·6	2·0
		...	...	...	...	...	·65	...	...	...	1·32	...	·66	...	...	...	...	·66	...	3·95		...	...
Cawnpore	1,130	...	...	...	...	92·9	2·7	...	2·7	4·4	3·5	8·8	42·5	4·4	...	...	...	25·7	20·4	473·5	20·4	6·2	5·3
		...	...	...	...	·88	1·77	...	·88	...	·88	...	...	..	...	...	...	...	...	5·31		...	...
Fatehgarh	103	...	...	...	...	320·4	...	...	...	9·7	...	29·1	19·4	...	...	...	...	...	38·8	864·1	29·1	9·7	29·1
		...	...	...	..	..	...	...	...	...	...	...	...	...	...	..	...	...	...	...		...	...
Group V.—Gangetic Plain and Chutia Nagpur.	6,956	...	...	·1	·3	149·8	6·0	11·2	1·0	1·7	3·7	14·2	30·3	3·5	...	1·0	·3	8·1	23·1	526·2	21·0	8·9	5·3
		...	...	...	·14	·14	·43	...	·29	...	·86	...	·14	...	...	...	...	·14	·14	5·03		...	...
A.																							
Bareilly	1,185	...	...	...	...	123·2	1·7	...	...	5·1	5·1	11·8	16·9	...	...	...	...	11·8	16·0	344·3	16·9	9·3	5·9
		...	...	...	...	...	...	...	·84	...	·84	...	...	...	...	...	...	·84	...	4·22		...	...
Roorkee	684	...	...	5·8	...	195·9	5·8	...	1·5	5·8	5·8	19·0	35·1	17·5	...	...	...	2·9	16·1	631·6	20·5	5·8	5·8
		...	...	...	...	1·46	...	...	1·46	1·46	...	...	...	1·46	...	...	...	...	...	7·31		...	...
Dehra Dun	1,319	...	...	...	2·3	272·2	3·8	·8	·8	5·3	6·8	12·9	12·9	8·3	·8	...	...	12·9	28·8	688·4	26·5	15·9	8·3
		...	...	...	1·52	2·27	·76	...	...	2·27	·76	·76	...	...	...	...	...	...	...	12·13		...	...
Meerut	1,097	...	...	...	...	97·5	7·3	...	...	7·3	6·4	4·6	20·1	·9	...	·9	...	15·5	22·8	385·6	14·6	7·3	13·7
		...	...	...	...	...	...	...	...	·91	...	...	...	...	...	...	...	...	...	1·82		...	...
Delhi	769	1·3	...	13·0	...	230·2	7·8	...	...	3·9	16·9	16·9	15·6	1·3	...	...	...	6·5	18·2	629·4	24·7	6·5	3·9
		...	...	...	...	...	2·60	...	...	2·60	6·50	...	...	...	...	...	...	...	...	18·21		...	...
Ambala	1,292	3·9	...	1·5	...	183·4	5·4	·8	1·5	1·5	11·6	6·2	11·6	1·5	...	...	...	10·8	7·0	403·3	17·0	3·1	1·5
		...	...	·77	...	·77	...	...	...	...	3·09	...	...	...	...	...	...	...	...	10·84		...	...
B.																							
Jullundur	1,150	...	...	...	...	98·3	2·6	6·1	...	5·2	11·3	11·3	26·1	2·6	...	...	5·2	7·0	7·8	473·0	21·7	3·5	1·7
		...	...	...	...	...	...	...	...	...	·87	...	...	...	...	...	...	...	...	·87		...	...
Ferozepore	1,402	...	...	...	1·4	151·9	12·1	...	...	10·7	7·8	17·1	37·1	·7	...	·71	27·8	18·5	11·4	541·4	23·5	4·3	2·9
		...	...	...	...	...	1·43	...	...	·71	·71	...	·71	...	...	...	...	...	...	5·71		...	...
Mian Mir	1,464	...	...	·7	·7	127·0	2·0	...	1·4	10·2	29·4	23·2	21·2	2·0	...	...	1·4	10·9	19·1	480·2	24·6	5·5	4·8
		...	...	...	·68	...	...	...	...	·68	6·15	...	·68	...	...	...	...	...	...	10·25		...	...
Amritsar	120	...	...	...	...	100·0	...	...	...	...	25·0	16·7	16·7	8·3	...	...	...	...	8·3	316·7	8·3	8·3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8·33		...	...
Sialkot	1,762	...	...	...	2·8	187·3	1·7	...	·6	3·4	5·1	14·8	30·1	5·1	·6	1·1	·6	20·4	2·8	513·6	17·0	2·8	...
		...	...	...	1·70	·57	...	...	...	...	1·14	...	...	...	·57	...	...	...	...	7·38		...	...
Jhelum	1,358	8·8	...	·7	...	151·0	1·5	...	1·5	4·4	12·5	18·4	27·2	6·6	...	·7	1·5	33·9	22·8	640·6	22·1	11·0	·7
		...	...	...	...	...	...	...	...	...	1·47	...	...	...	...	...	...	·74	...	5·15		...	...
Rawalpindi	1,993	1·0	...	...	1·0	145·0	4·0	...	1·0	2·5	7·0	21·6	34·6	4·5	...	·5	4·5	6·5	24·6	483·2	20·6	10·0	4·0
		...	...	...	·50	...	1·00	...	...	·50	1·00	·50	...	...	...	...	...	...	...	4·52		...	...
Attock	66	...	...	...	15·2	106·1	15·2	...	...	...	...	...	15·2	30·3	...	...	...	...	...	272·7	15·2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...
Group VI.—Upper Sub-Himalaya.	15,661	1·3	...	1·1	·9	160·6	4·4	·5	·7	5·3	10·5	15·1	24·6	4·1	·1	·4	3·8	13·7	16·3	509·3	20·5	7·2	4·1
		...	...	·06	·45	·45	·45	...	·13	·64	1·79	·13	·13	·06	·06	...	...	·13	...	7·02		...	...
A																							
Mardan	1,005	3·0	...	...	1·0	273·6	13·9	...	2·0	7·0	16·9	10·0	29·9	3·0	...	...	1·0	18·9	14·9	618·9	21·9	3·0	1·0
		...	...	...	...	...	1·00	...	...	1·00	3·98	...	...	...	...	...	...	...	...	6·97		...	...
Nowshera	2,768	2·2	...	...	1·1	215·0	12·3	1·4	...	2·9	9·0	24·2	54·2	6·9	...	·4	2·9	17·0	6·1	656·1	22·0	4·0	·7
		...	...	...	...	·36	·36	...	...	...	1·81	...	...	...	...	...	...	...	...	4·34		...	...
Peshawar	2,538	...	...	...	2·4	179·3	5·5	·4	...	1·6	13·0	13·4	34·7	·8	·8	...	1·2	16·5	12·6	550·4	18·5	4·3	3·2
		...	...	...	·39	...	1·97	...	...	...	1·58	...	·39	...	·39	...	...	...	...	6·70		...	...

Stations and Groups.	Average annual strength.	1. Admission-rate.															2. Death-rate.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Syphilis.	Soft Chancre.	Gonorrhœa.
t Jamrud	88	...	...	..	...	397·7	...	...	...	...	...	68·2	125·0	22·7	...	11·4	...	...	34·1	909·1	11·4	...	34·1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
at	2,778	...	...	2·9	·7	316·1	6·8	·7	·7	9·7	26·3	30·6	50·8	2·2	...	·4	7·9	17·3	10·8	787·6	30·2	5·8	·7	4·3
		...	...	·36	...	...	·36	...	...	1·08	3·60	·36	·36	...	...	...	...	·36	...	9·00		...	...	...
l	203	...	...	...	..	507·4	14·8	...	...	4·9	9·9	59·1	137·9	9·9	...	...	4·9	34·5	19·7	1,275·9	29·6	9·9	..	9·9
		...	...	...	...	...	...	...	...	...	4·93	...	...	...	...	...	...	...	...	4·93		...	...	...
ardesabad	2,135	...	...	...	...	321·8	17·3	...	·9	5·6	31·4	33·3	37·9	5·2	...	...	·9	20·6	14·1	959·7	32·3	5·2	2·8	6·1
		...	...	...	...	·47	1·41	...	...	...	4·22	...	·47	·47	...	...	...	...	...	8·43		...	...	...
a Ismail Khan	2,441	...	...	...	...	313·8	36·1	...	·4	7·0	30·7	40·6	37·3	4·5	..	·8	·4	28·7	7·0	994·3	32·8	4·1	1.6	1·2
		...	...	...	...	·41	2·87	...	...	·41	10·65	·41	·41	...	...	...	...	...	...	19·66		...	...	...
k	24	...	...	...	...	500·0	...	...	...	...	...	41·7	41·7	...	...	...	...	...	...	916·7	41·7	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
a	59	...	16·9	...	...	423·7	33·9	16·9	...	33·9	33·9	16·9	67·8	16·9	...	16·9	...	50·8	16·9	1,101·7	33·9	16·9	...	...
		...	16·95	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16·95		...	...	...
zand	58	...	...	...	...	1,000·0	17·2	...	...	...	...	51·7	137·9	17·2	...	...	...	...	...	1,655·2	34·5	...	...	...
		...	...	...	...	...	...	...	...	...	...	17·24	...	17·24	...	...	...	...	...	34·48		...	...	...
Kach	63	...	...	...	...	492·1	...	...	15·9	...	15·9	47·6	95·2	15·9	...	...	...	15·9	...	920·6	15·9	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Zam	56	...	...	...	...	392·9	53·6	...	...	...	53·6	17·9	35·7	17·9	...	...	...	17·9	...	1,107·1	17·9	...	...	...
		...	...	...	...	...	35·71	...	...	...	...	...	...	...	...	...	...	...	...	35·71		...	...	...
Ghazi Khan	376	...	...	...	2·7	202·1	8·0	...	...	16·0	23·9	37·2	47·9	2·7	...	...	2·7	13·3	8·0	633·0	26·6	5·3	...	2·7
		...	...	...	...	...	...	...	...	...	5·32	...	...	...	...	...	...	...	...	10·64		...	...	...
an	1,387	...	...	...	...	116·8	·7	7·2	...	17·3	5·0	14·4	17·3	·7	...	...	...	15·9	10·8	372·7	17·3	4·3	3·6	2·9
		...	...	...	...	...	...	...	...	..	·72	·72	...	...	...	...	...	...	...	3·60		...	...	...
ner	34	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
B.																								
ola	182	...	...	...	...	296·7	65·9	...	...	...	27·5	11·0	44·0	11·0	...	...	...	11·0	11·0	818·7	22·0	...	11·0	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·49		...	...	...
ri Kach	170	...	...	...	...	223·5	11·8	...	5·9	...	11·8	11·8	82·4	5·9	...	...	5·9	35·3	5·9	658·8	23·5	·59	...	...
		...	...	...	...	...	...	...	...	...	5·88	...	...	...	...	...	...	...	...	5·88		...	...	...
	121	...	...	...	...	347·1	8·3	...	...	...	16·5	...	148·8	8·3	...	...	...	...	41·3	925·6	24·8	24·8	8·3	8·3
		...	...	...	...	...	8·26	...	...	...	...	...	...	...	...	...	...	...	...	8·26		...	...	...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX.

		1. Admission-rate.															2. Death-rate.						
Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Syphilis.	Soft Chancre.
C																							
Jacobabad	498	... ...	... ...	... ...	... ...	190·8 ...	14·1 ...	... ...	... ...	4·0 ...	26·1 4·02	18·1 ...	24·1 ...	4·0 ...	... ...	... ...	... ...	12·0 2·01	46·2 ...	588·4 6·02	28·1	10·0 ...	8·0 ...
Hyderabad	620	1·6 ...	... ...	... ...	... ...	154·8 ...	1·6 ...	... ...	4·8 ...	3·2 ...	4·8 ...	27·4 ...	11·3 ...	9·7 ...	... ...	... ...	4·8 ...	3·2 ...	50·0 ...	533·9 1·61	21·0	8·1 ...	9·7 ...
Kurrachee	553	... ...	... ...	... ...	... ...	208·0 ...	... ...	... ...	... ...	... ...	14·5 ...	68·7 ...	63·3 ...	10·8 ...	... ...	3·6 ...	10·8 1·81	5·4 ...	28·9 ...	848·1 7·23	25·3	5·4 ...	3·6 ...
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	18,157	·5 ...	·1 ·06	·4 ·06	·7 ·06	254·4 ·17	13·3 1·16	1·0 ...	·7 ...	6·2 ·28	19·1 3·58	27·3 ·22	42·8 ·22	4·4 ·11	·1 ·06	·4 ...	2·7 ·06	18·1 ·11	13·5 ...	735·9 8·43	25·6	5·0 ...	2·5 ...
A																							
Bhuj	569	... ...	... ...	... ...	... ...	369·1 ...	... ...	... ...	... ...	8·8 ...	7·0 1·76	28·1 ...	19·3 ...	3·5 ...	... ...	1·8 ...	10·5 ...	10·5 ...	19·3 ...	1,056·2 1·76	52·7	14·1 ...	3·5 ...
Rajkot	369	... ...	... ...	... ...	... ...	317·1 2·71	... ...	... ...	... ...	... ...	2·7 ...	21·7 ...	35·2 ...	8·1 ...	... ...	... ...	... ...	5·4 ...	19·0 ...	588·1 2·71	27·1	5·4 ...	8·1 ...
Deesa	1,050	... ...	... ...	... ...	1·0 ...	339·0 ·95	1·0 ...	1·0 ...	... ...	1·0 ...	19·0 1·90	13·3 ...	28·6 ...	5·7 ...	... ...	1·0 ...	3·8 ...	11·4 ·95	17·1 ...	884·8 6·67	34·3	10·5 ...	3·8 ...
Ahmedabad	568	... ...	... ...	... ...	... ...	1,147·9 ...	1·8 ...	... ...	5·3 ...	7·0 ...	22·9 5·28	45·8 ...	15·8 ...	5·3 ...	... ...	... ...	139·1 ...	24·6 ...	40·5 ...	1,885·6 8·80	63·4	19·4 ...	12·3 ...
Baroda	610	... ...	... ...	... ...	4·9 1·64	208·2 1·64	1·6 ...	... ...	4·9 ...	3·3 ...	13·1 1·64	14·8 ...	34·4 ...	6·6 ...	... ...	... ...	21·3 ...	18·0 ...	27·9 ...	719·7 11·48	36·1	16·4 ...	1·6 ...
B																							
Alirajpore	37	... ...	... ...	... ...	... ...	54·1 ...	27·1 27·03	... ...	... ...	... ...	54·1 54·05	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	243·2 81·08	27·0	... ...	... ...
Sirdarpore	377	... ...	... ...	... ...	... ...	106·1 ...	2·7 ...	2·7 ...	2·7 ...	15·9 2·65	18·6 2·65	29·2 ...	10·6 ...	5·3 ...	... ...	2·7 2·65	... ...	5·3 ...	37·1 ...	615·4 13·26	26·5	21·2 ...	... ...
Jhabwa	39	... ...	... ...	... ...	... ...	153·8 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	25·6 ...	410·4 ...	25·6	25·6 ...	... ...
Kherwara	352	... ...	... ...	2·8 ...	... ...	93·7 ...	... ...	2·8 ...	... ...	5·7 ...	65·3 2·84	5·7 ...	2·8 ...	... ...	... ...	... ...	... ...	2·8 ...	22·7 ...	883·5 5·68	51·1	11·4 ...	... ...
Kotra	140	... ...	... ...	... ...	... ...	142·9 ...	7·1 7·14	... ...	... ...	... ...	21·4 ...	7·1 ...	... ...	... ...	... ...	... ...	... ...	... ...	7·1 ...	685·7 7·14	28·6	7·1 ...	... ...
Udaipur	57	... ...	... ...	... ...	... ...	35·1 ...	17·5 ...	... ...	... ...	... ...	... ...	17·5 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	280·7 ...	17·5	... ...	... ...
Todgarh	32	... ...	... ...	... ...	... ...	187·5 ...	... ...	... ...	... ...	... ...	62·5 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	31·3 ...	406·3 ...	62·5	31·3 ...	... ...
Erinpura	566	... ...	... ...	... ...	... ...	114·8 ...	5·3 ...	... ...	... ...	3·5 ...	26·5 3·53	10·6 ...	7·1 ...	5·3 ...	... ...	1·8 ...	1·8 ...	23·0 ...	23·0 ...	613·1 5·30	21·2	8·8 ...	3·5 ...
Neemuch	446	... ...	... ...	... ...	... ...	533·6 ...	... ...	... ...	4·5 ...	6·7 ...	9·0 ...	42·6 ...	6·7 ...	6·7 ...	... ...	... ...	2·2 ...	20·2 ...	22·4 ...	1,316·1 4·48	47·1	13· ...5	4·5 ...
Deoli	537	... ...	... ...	... ...	... ...	122·9 ...	... ...	1·9 ...	... ...	... ...	26·1 1·86	11·2 ...	20·5 ...	... ...	... ...	3·7 1·86	... ...	1·9 ...	22·3 ...	512·1 3·72	24·2	13·0 ...	5·6 ...
Beawar	46	... ...	... ...	... ...	... ...	21·7 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	87·0 ...	21·7	... ...	... ...
Nasirabad	790	... ...	... ...	... ...	... ...	106·3 1·27	3·8 1·27	... ...	... ...	1·3 ...	21·5 7·59	26·6 1·27	5·1 ...	1·3 ...	... ...	... ...	1·3 ...	12·7 ...	13·9 ...	424·1 11·39	16·5	2·5 ...	5·1 ...
Ajmer	459	... ...	... ...	... ...	... ...	100·2 ...	... ...	... ...	... ...	4·4 ...	30·5 4·36	15·3 ...	8·7 ...	2·2 ...	... ...	... ...	4·4 ...	... ...	10·9 ...	374·7 4·36	15·3	10·9 ...	... ...
Sambhar	21	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	... ...	... ...
Jaipur	47	... ...	... ...	... ...	... ...	85·1 ...	... ...	... ...	... ...	... ...	42·6 21·28	21·3 ...	21·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	340·4 42·55	21·3	... ...	... ...
Agra	731	... ...	... ...	1·4 ...	... ...	75·2 ...	4·1 ...	... ...	... ...	8·2 ...	6·8 1·37	10·9 ...	32·8 ...	5·5 ...	... ...	2·7 ...	... ...	1·4 ...	16·4 ...	440·5 1·37	17·8	2·7 ...	9·6 ...

STATIONS AND GROUPS.	Average annual strength.					1. ADMISSION-RATE.												2. DEATH-RATE.						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Gwalior	29	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	... ...	... ...	... ...
Jhansi	1,111	... ...	... ...	... ...	1·8 ·90	137·7 ...	... ...	...	... ...	5·4 ...	7·2 ...	18·0 ...	19·8 ...	... ...	... ...	... ...	... ...	15·3 ...	19·8 ...	521·2 2·70	17·1	1·8 ...	8·1 ...	9·9 ...
Nowgong	999	... ...	... ...	... ...	4·0 ...	132·1 ...	5·0 ...	7·0 ...	... ...	3·0 ...	7·0 1·00	9·0 ...	3·0 ...	... ...	1·0 ...	1·0 ...	... ...	2·0 ...	7·0 ...	385·4 5·00	14·0	1·0 ...	3·0 ...	3·0 ...
Goona	366	... ...	... ...	... ...	... ...	43·7 ...	... ...	... ...	16·4 ...	... ...	2·7 2·73	16·4 ...	2·7 ...	... ...	... ...	... ...	... ...	13·7 ...	5·5 ...	256·8 5·46	10·9	5·5 ...	... ...	... ...
Agar	324	... ...	... ...	... ...	... ...	114·2 ...	6·2 3·09	... ...	... ...	... ...	9·3 ...	15·4 3·09	9·3 ...	... ...	... ...	... ...	... ...	6·2 ...	12·3 ...	388·9 6·17	15·4	... ...	... ...	12·3 ...
Sehore	579	... ...	... ...	... ...	1·7 ...	202·1 ...	10·4 1·73	19·0 ...	... ...	... ...	6·9 ...	32·8 ...	17·3 ...	5·2 ...	... ...	1·7 ...	.. ...	19·0 ...	19·0 ...	816·9 1·73	24·2	5·2 ...	1·7 ...	12·1 ...
Indore	202	... ...	... ...	... ...	... ...	49·5 ...	9·9 ...	... ...	... ...	... ...	5·0 ...	... ...	9·9 ...	... ...	... ...	... ...	... ...	... ...	49·5 ...	257·4 9·90	9·9	5·0 ...	39·6 ...	5·0 ...
Mhow	1,078	... ...	... ...	... ...	·9 ...	131·7 ...	... ...	12·1 ...	... ...	1·9 ·93	7·4 3·71	17·6 ...	24·1 ...	19·5 ...	·9 ...	3·7 ...	·9 ...	11·1 ...	22·3 ...	718·9 12·06	23·2	9·3 ...	4·6 ...	8·3 ...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	12,529	... ...	... ...	·2 ...	1·0 ·16	218·5 ·32	2·5 ·40	5·3 ...	1·2 ...	3·6 ·16	14·8 2·39	18·7 ·16	16·5 ...	4·5 ...	·2 ...	1·1 ·16	8·6 ...	10·5 ·08	19·5 ...	677·8 6·47	26·4	8·2 ...	4·9 ...	6·4 ...
A.																								
Asirgarh	38	... ...	... ...	... ...	... ...	131·6 ...	... ...	26·3 ...	... ...	... ...	26·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	26·3 ...	... ...	421·1 ...	26·3	... ...	... ...	... ...
Saugor	993	... ...	... ...	... ...	... ...	83·6 ...	18·1 1·01	21·1 ...	2·0 ...	7·0 ...	2·0 ...	7·0 ...	14·1 ...	3·0 ...	... ...	1·0 ...	... ...	6·0 ...	20·2 ...	347·4 5·03	14·1	4·0 ...	6·0 ...	10·1 ...
Sutna	32	... ...	... ...	... ...	... ...	187·5 ...	31·3 ...	... ...	... ...	... ...	.. ...	... ...	31·3 ...	... ...	... ...	... ...	... ...	... ...	62·5 ...	437·5 ...	31·3	62·5 ...	... ...	... ...
Jubbulpore	675	... ...	... ...	... ...	... ...	197·0 1·48	14·8 1·48	... ...	... ...	1·5 ...	7·4 1·48	10·4 ...	40·0 ...	7·4 ...	... ...	... ...	1·5 ...	10·4 ...	20·7 ...	774·8 7·41	28·1	13·3 ...	3·0 ...	4·4 ...
Kamptee	638	... ...	... ...	... ...	... ...	172·4 ...	... ...	3·1 ...	... ...	... ...	6.3 1·57	21·9 ...	11·0 ...	1·6 ...	... ...	1·6 ...	... ...	15·7 ...	15·7 ...	634·8 10·97	28·2	3·1 ...	3·1 ...	9·4 ...
Sitabaldi	66	... ...	... ...	... ...	... ...	575·8 ...	... ...	... ...	... .	... ...	15·2 ...	30·3 ...	... ...	106·1 ...	... ...	... ...	... ...	... ...	15·2 ...	1,060·6 ...	15·2	15·2 ...	... ...	... ...
B.																								
Ellichpur	494	... ...	... ...	... ...	... ...	60·7 ...	... ...	... ...	... ...	2·0 ...	2·0 2·02	6·1 ...	14·2 ...	... ...	... ...	... ...	2·0 ...	2·0 ...	6·1 ...	212·5 8·10	6·1	4·0 ...	... ...	2· ...
Aurangabad	1,685	... ...	... ...	.. ...	... ...	228·5 ·59	·6 ...	·6 ...	·6 1·19	1·2 ...	4·7 ·59	11·9 ...	17·2 ...	·6 ...	... ...	·6 ...	... ...	5·3 ...	24·3 ...	658·8 8·31	22·0	11·3 ...	·6 ...	12·5 ...
Ahmednagar	484	... ...	... ...	2·1 ...	... ...	101·2 ...	... ...	8·3 ...	2·1 2·07	6·2 ...	12·4 4·13	22·7 ...	10·3 ...	10·3 ...	... ...	... ...	6·2 ...	18·6 ...	39·3 ...	438·0 8·26	14·5	4·1 ...	14·5 ...	20·7 ...
Bolarum	1,711	... ...	... ...	... ...	·6 ...	45·6 ...	7·6 ·58	54·4 ...	·6 ·58	1·2 ...	7·0 ...	20·5 ...	29·8 ...	1·8 ...	·6 ...	1·2 ...	... ...	8·2 ...	16·4 ...	364·7 2·92	14·0	11·1 ...	·6 ...	4·7 ...
Secunderabad	3,499	... ...	... ...	... ...	... ...	53·2 ...	2·3 ·29	4·9 ...	2·0 ·57	1·1 ...	7·4 .57	10·9 ·29	31·2 ...	·3 ...	... ...	·3 ...	·3 ...	14·3 ...	18·3 ...	381·8 3·72	16·6	7·4 ...	1·4 ...	9·4 ...
Belgam	1,422	... ...	... ...	·7 ...	... ...	33·1 ...	·7 ...	25·3 ...	1·4 ·70	1·4 ...	14·1 3·52	13·4 ...	7·7 ...	... ...	... ...	·7 ...	... ...	9·1 ...	44·3 ...	376·2 11·95	13·4	14·8 ...	11·3 ...	18·3 ...
Satara	625	... ...	... ...	... ...	... ...	148·8 ...	... ...	9·6 ...	1·6 ...	... ...	3·2 1·60	4·8 ...	12·8 ...	1·6 ...	... ...	... ...	1·6 ...	4·8 ...	48·0 ...	828·8 4·80	32·0	19·2 ...	9·6 ...	19·2 ...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS. **For actuals see Table XXIX.**

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
		1. ADMISSION-RATE.														2. DEATH-RATE.								
Poona	1,698	... ...	... ...	3·5 ...	... ...	104·2 ...	4·1 1·18	3·5 ...	2·4 ·59	1·8 ...	7·7 2·36	10·6 ·59	14·1 ...	8·8 ...	... ...	1·8 ...	1·2 ...	6·5 ...	33·0 ...	474·7 10·60	23·6	15·9 ...	11·2 ...	5·9 ...
Kirkee	1,615	... ...	·6 ·62	... ...	1·2 ...	216·1 ...	3·7 ·62	... ...	1·9 ...	1·2 ·62	8·0 1·24	63·8 1·24	40·9 ...	9·9 ...	... ...	1·2 ...	16·7 ...	17·3 ...	47·7 ...	773·4 4·95	23·5	23·5 ...	11·8 ...	12·4 ...
Sirur	488	... ...	20·5 16·39	... ...	... ...	30·7 ...	... ...	... ...	... ...	... ...	2·0 ...	6·1 ...	125·0 2·05	63·5 ...	... ...	2·0 ...	... ...	26·6 ...	22·5 ...	541·0 22·54	22·5	8·2 ...	2·0 ...	12·3 ...
GROUP IX.—DECCAN.	16,162	... ...	·7 ·56	·5 ...	·2 ...	110·4 ·12	4·0 ·43	11·6 ...	1·4 ·49	1·7 ·06	7·1 1·24	17·5 ·25	26·0 ·06	5·5 ...	·1 ...	·9 ...	2·2 ...	10·3 ...	27·2 ...	503·2 7·05	19·2	11·6 ...	5·3 ...	10·3 ...
Bombay	1,005	... ...	... ...	9·0 ...	... ...	321·4 1·00	3·0 1·00	1·0 ...	1·0 ...	4·0 ...	7·0 2·99	20·9 1·00	43·8 1·00	22·9 ...	1·0 1·00	3·0 1·99	4·0 ...	8·0 ...	70·6 ...	845·8 12·94	39·8	33·8 ...	26·9 ...	10·0 ...
Vakola	355	... ...	... ...	... ...	... ...	183·1 ...	11·3 ...	... ...	... ...	... ...	28·2 ...	5·6 ...	16·9 ...	31·0 ...	... ...	... ...	11·3 ...	8·5 ...	47·9 ...	436·6 2·82	22·5	14·1 ...	33·8 ...	... ...
Cannanore	517	... ...	... ...	... ...	... ...	32·9 ...	5·8 ...	38·7 ...	13·5 ...	1·9 ...	3·9 ...	27·1 1·93	9·7 ...	... ...	... ...	3·9 ...	... ...	3·9 ...	29·0 ...	530·0 5·80	19·3	5·8 ...	3·9 ...	19·3 ...
Trivandrum	73	... ...	... ...	... ...	... ...	41·1 ...	... ...	27·4 ...	... ...	... ...	... ...	13·7 ...	27·4 ...	... ...	... ...	13·7 ...	... ...	... ...	13·7 ...	479·5 ...	13·7	13·7 ...	... ...	... ...
GROUP X.—WESTERN COAST.	1,950	... ...	... ...	4·6 ...	... ...	209·2 ·51	5·1 ·51	11·8 ...	4·1 ...	2·6 ...	9·8 1·54	19·5 1·03	29·2 ·51	17·4 ...	·5 ·51	3·1 1·03	4·1 ...	6·7 ...	53·3 ...	673·8 8·72	30·6	22·1 ...	21·0 ...	10·3 ...
A.																								
Bellary	1,106	... ...	... ...	... ...	... ...	189·0 ·90	2·7 ·90	·9 ...	... ·90	·9 ...	3·6 ...	16·3 ...	26·2 ·90	... ...	... ...	3·6 ...	3·6 ...	11·8 ...	21·7 ...	568·7 23·51	26·2	8·1 ...	7·2 ...	6·2 ...
Bangalore	3,170	9·5 ...	... ...	... ...	... ...	106·6 ...	·9 ·32	8·5 ...	1·6 ...	... ...	9·1 3·15	27·8 ...	20·2 ...	·6 ...	... ...	·6 ...	2·8 ...	18·3 ·32	37·9 ...	553·0 6·94	21·5	16·4 ...	4·4 ...	17·0 ...
B.																								
Trichinopoly	748	... ...	2·7 1·34	... ...	... ...	8·0 ...	... ...	16·0 ...	1·3 ...	... ...	4·0 1·34	4·0 ...	2·7 ...	2·7 ...	... ...	1·3 ...	... ...	4·0 ...	17·4 1·34	270·1 4·01	10·7	9·4 1·34	1·3 ...	6·7 ...
Pallavaram	41	... ...	... ...	... ...	... ...	146·3 ...	... ...	... ...	... ...	... ...	48·8 ...	48·8 ...	170·7 ...	24·4 ...	... ...	... ...	... ...	219·5 ...	73·2 ...	1,585·4 ...	390·2	48·8 ...	... ...	24·4 ...
St. Thomas' Mount.	676	... ...	... ...	1·5 ...	... ...	136·1 ...	... ...	... ...	1·5 ...	... ...	5·9 ...	22·2 ...	42·9 ...	1·5 ...	... ...	1·5 ...	... ...	23·7 ...	41·4 ...	837·3 4·44	37·0	11·8 ...	7·4 ...	22·2 ...
Madras	662	... ...	... ...	... ...	... ...	51·4 ...	... ...	15·1 ...	6·0 1·51	1·5 ...	7·6 1·51	25·7 1·51	18·1 1·51	6·0 ...	... ...	1·5 ...	... ...	12·1 ...	28·7 ...	362·5 9·06	16·6	15·1 ...	1·5 ...	12·1 ...
C.																								
Vizianagram	384	... ...	... ...	... ...	... ...	18·2 ...	... ...	36·5 ...	2·6 ...	... ...	2·6 ...	20·8 ...	10·4 ...	5·2 ...	... ...	2·6 ...	... ...	15·6 ...	101·6 ...	494·8 5·21	28·6	59·9 ...	26·0 ...	15·6 ...
GROUP XI.—SOUTHERN INDIA.	6,786	4·4 ...	·3 ·15	·1 ...	... ...	102·0 ·15	·9 ·29	9·4 ...	1·8 ·29	·3 ...	7·1 1·77	22·3 ·15	21·7 ·29	1·8 ...	... ...	1·5 ...	1·9 ...	16·7 ·15	36·3 ·15	537·1 9·14	24·9	16·4 ·15	5·7 ...	14·1 ...
Maymyo	781	... ...	... ...	... ...	... ...	120·4 ...	6·4 1·28	... ...	... ...	9·0 1·28	5·1 1·28	33·3 ...	16·6 ...	2·6 ...	... ...	... ...	... ...	15·4 ...	42·3 2·56	503·2 7·68	35·9	21·8 2·56	10·2 ...	10·2 ...
Kalanaga	1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	... ...	... ...	... ...
Kohima	136	...	... ...	... ...	... ...	595·6 ...	... ...	... ...	... ...	... ...	14·7 ...	36·8 ...	22·1 ...	... ...	... ...	... ...	36·8 ...	73·5 ...	51·5 ...	1,235·3 7·35	36·8	29·4 ...	... ...	22·1 ...
Shillong	995	... ...	... ...	2·0 ...	2·0 ...	301·5 ...	1·0 ...	... ...	4·0 ...	3·0 ...	10·1 ...	17·1 ...	60·3 ...	49·2 ...	... ...	... ...	3·0 ...	45·2 ...	40·2 ...	817·1 5·03	37·2	18·1 ...	11·1 ...	11·1 ...
Gantok	10	... ...	... ...	... ...	... ...	200·0 ...	... ...	... ...	... ...	... ...	... ...	100·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	400·0 ...	...	... ...	... ...	... ...
Almora	723	... ...	... ...	... ...	... ...	76·1 1·38	16·6 2·77	18·0 ...	... ...	2·8 ...	2·8 ...	2·8 1·38	15·2 ...	5·5 ...	... ...	9·7 ...	... ...	4·1 ...	48·4 1·38	473·0 13·83	23·5	19·4 ...	12·4 ...	16·6 1·38

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.															2. DEATH-RATE.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Ranikhet	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	125·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Naini Tal	130	...	...	...	...	46·2	...	...	...	15·4	7·7	...	...	...	...	...	...	7·7	61·5	253·8	15·4	38·5	7·7	15·4
		...	...	...	...	...	...	...	...	7·69	...	...	...	...	...	...	...	...	...	7·69		...	...	...
Lansdowne	2,931	6·5	2·4	...	2·0	119·1	8·9	·7	1·0	3·1	2·4	7·5	22·5	8·2	...	1·0	...	10·9	7·8	500·5	24·2	1·4	3·1	3·4
		...	2·05	...	·68	1·02	·34	...	·34	·68	·34	...	·34	...	...	...	...	...	...	7·51		...	...	...
Simla	148	6·8	...	...	...	121·6	20·3	...	...	13·5	6·8	54·1	27·0	6·8	...	...	...	13·5	87·8	520·3	27·0	33·8	40·5	13·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Jutogh	103	...	...	...	...	19·4	...	...	...	...	29·1	19·4	87·4	...	...	19·4	...	9·7	68·0	446·6	19·4	58·3	...	9·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·71		...	...	...
Dharmsala	1,249	4·8	...	...	...	88·9	12·0	...	·8	1·4	7·2	8·8	9·6	·8	...	·8	...	1·6	19·2	324·3	20·0	7·2	5·6	6·4
		...	...	...	...	...	1·60	...	...	4·80	·80	...	...	...	...	...	...	...	...	8·01		...	...	...
Bakloh	761	1·3	...	...	...	227·3	43·4	...	...	28·9	5·3	10·5	9·2	1·3	...	...	1·3	14·5	55·2	720·1	69·6	22.3	14·5	18·4
		...	...	...	...	...	...	...	...	9·20	3·94	...	...	...	...	...	...	...	...	13·14		...	...	...
Murree	27	...	...	...	...	185·2	...	...	...	...	...	74·1	37·0	...	...	...	...	...	74·1	407·4	37·0	74·1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Khyragully	71	...	...	...	...	98·6	14·1	...	...	14·1	...	...	28·2	...	...	...	...	...	...	225·4	14·1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Baragully	39	...	...	...	...	205·1	...	...	25·6	...	25·6	...	...	...	...	...	...	76·9	51·3	692·3	25·6	...	51·3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Kalabagh	57	...	...	...	...	315·8	...	35·1	...	...	...	87·7	...	17·5	...	...	...	17·5	35·1	789·5	17·5	...	...	35·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Chitral	158	...	...	...	...	145·6	12·7	278·5	...	...	12·7	19·0	6·3	...	...	...	...	...	12·7	898·7	25·3	12·7	...	...
		...	...	...	...	...	...	...	...	...	6·32	...	...	...	...	...	...	...	...	6·32		...	...	...
Kila Drosh	735	...	...	...	1·4	100·7	2·7	225·9	...	6·8	6·8	9·5	10·9	2·7	...	...	5·4	9·5	12·2	635·4	23·1	4·1	2·7	5·4
		...	...	...	...	...	...	...	...	1·36	...	...	...	...	...	...	...	...	1·36	2·72		...	...	...
Malakand	778	...	...	...	1·3	108·0	2·6	...	...	5·1	20·6	24·4	6·4	...	...	...	...	12·9	2·6	322·6	10·3	1·3	1·3	...
		...	...	...	...	...	...	...	...	...	2·57	...	...	...	...	...	...	...	...	2·57		...	...	...
Dargai	346	...	...	...	...	14·5	...	...	2·9	...	49·1	11·6	11·6	...	...	5·8	...	2·9	2·9	208·1	11·6	2·9	...	...
		...	...	...	...	...	...	...	...	...	11·56	...	...	...	...	5·78	...	...	...	20·23		...	...	...
Chakdara	380	...	...	...	...	57·9	21·1	...	2·6	2·6	21·1	15·8	1	...	...	2·6	...	...	2·6	257·9	10·5	...	...	2·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·63		...	...	...
Abbottabad	2,438	...	...	·8	1·6	441·3	6·6	...	·8	9·8	18·5	30·4	23·4	4·1	...	·4	2·5	7·4	31·6	955·3	40·6	13·1	2·9	15·6
		...	...	...	...	·82	1·64	...	...	3·28	2·46	..	·41	...	...	...	...	...	...	11·07		...	...	...
Cherat	74	...	...	...	...	108·1	...	27·0	...	...	13·5	13·5	40·5	...	...	...	...	...	...	445·9	13·5	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Fort Lockhart	465	...	...	...	...	165·6	8·6	...	...	6·5	8·6	36·6	40·9	2·2	...	2·2	...	17·2	19·4	595·7	21·5	12·9	2·2	4·3
		...	...	...	...	...	4·30	...	...	...	...	2·15	...	...	...	...	...	...	...	8·60		...	...	...
Hangu	95	...	...	10·5	...	178·9	31·6	...	...	...	10·5	10·5	84·2	...	...	...	...	...	...	684·2	21·1	...	...	...
		...	...	10.53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·53		...	...	...
Miran Shah	598	...	...	...	3·3	393·0	3·3	...	1·7	6·7	26·8	25·1	41·8	13·4	...	...	5·0	15·1	3·3	926·5	16·7	...	1·7	1·7
		...	...	...	...	...	1·67	...	...	...	11·71	...	...	...	...	...	...	...	...	13·38		...	...	...
Sarwekai	64	...	...	...	...	812·5	46·9	...	...	...	31·3	140·6	31·3	31·3	...	...	...	...	...	1453·1	31·3	...	...	...
		...	...	...	...	...	15·63	...	...	...	15·63	...	...	...	...	...	...	...	...	46·88		...	...	...
Wana	33	...	...	...	...	151·5	...	...	...	...	90·9	60·6	30·3	...	...	...	...	121·2	...	665·7	30·3	...	...	...
		...	...	...	...	30·30	...	...	...	...	60·61	30·30	...	...	...	...	...	...	...	151·52		...	...	...
Mir Ali Khel	107	...	...	...	...	1,738·3	28·0	...	...	...	...	56·1	140·2	9·3	...	...	28·0	9·3	...	2,289·7	46·7	...	...	...
		...	...	...	...	...	9·35	...	...	...	..	...	9·35	...	...	...	...	...	...	18·69		...	...	...
Fort Sandeman	863	...	...	...	1·2	378·9	39·4	2·3	2·3	1·2	29·0	27·8	48·7	11·6	...	3·5	16·2	24·3	20·9	1,061·4	32·4	13·9	3·5	3·5
		...	...	...	1·16	...	3·48	...	...	...	6·95	...	1·16	...	...	...	...	...	...	13·90		...	...	...
Hindubagh	30	...	...	...	...	265·7	...	...	...	...	33·3	...	33·3	...	...	...	...	...	...	366·7	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Musa Khel	27	...	...	...	...	703·7	37·0	...	...	...	74·1	111·1	37·0	37·0	..	...	...	...	...	1,333·3	...	...	...	...
		...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...		...	...	...
Khan Mohamed Kot	50	...	...	...	...	900·0	20·0	...	...	...	40·0	40·0	100·0	140·0	...	...	20·0	20·0	...	1,800·0	40·0	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...
Kila Saifulla	30	...	...	...	...	66·7	600·0	...	...	...	33·3	...	200·0	...	·	33·3	33·3	...	...	1,133·3	33·3	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	33·33	...	...	...	...	...	...	33·33		...	...	...
Murgha	54	...	...	...	...	388·9	18·5	...	...	...	...	...	18·5	...	...	...	18·5	18·5	55·6	740·7	18·5	55·6	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...		...	...	...

TABLE XXVIII—*continued*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

Stations and Groups.	Average annual strength.						1. Admission-rate.												2. Death-rate.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Syphilis.	Soft Chancre.	Gonorrhœa.
Loralai	757	... ...	... ...	... ...	... 1·32	294·6 ...	5·3 2·64	... ...	5·3 ...	4·0 ...	37·0 2·64	30·4 ...	39·6 1·32	5·3 ...	... ...	1·3 ...	6·6 ...	22·5 ...	13·2 ...	886·4 10·57	39·6	9·2 ...	... ...	4·0 ...
Gumbaz	60	... ...	... ...	... ...	... ...	283·3 ...	16·7 ...	... ...	... ...	... ...	... ...	50·0 ...	83·3 ...	... ...	... ...	... ...	16·7 ...	16·7 ...	16·7 ...	800·0 ...	33·3	... ...	... ...	16·7 ...
Quetta	2,776	8·6 1·08	... ...	·7 ...	·4 ...	240·6 1·08	·4 ...	6·8 ...	·4 ...	2·5 1·08	13·3 2·16	24·5 ·36	23·1 ...	11·2 ...	... ...	1·4 ...	11·5 ·36	8·3 ...	17·7 ...	684·8 6·48	26·3	6·5 ...	1·4 ...	9·7 ...
Peshin	31	... ...	... ...	... ...	... ...	96·8 ...	... ...	... ...	... ...	... ...	... ...	64·5 ...	... ...	32·3 ...	... ...	... ...	... ...	... ...	... ...	225·8 ...	...	... ...	... ...	... ...
Shelabagh	39	... ...	... ...	... ...	... ...	512·8 ...	51·3 ...	... ...	... ...	51·3 ...	128·2 ...	... ...	25·6 ...	25·6 ...	... ...	... ...	... ...	25·6 ...	... ...	1153·8 ...	25·6	... ...	... ...	... ...
Spinwana	34	... ...	... ...	... ...	... ...	... ...	29·4 ...	... ...	... ...	... ...	88·2 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	147·1 ...	...	... ...	... ...	... ...
Chaman	606	... ...	... ...	... ...	... ...	132·0 ...	33·0 ...	... ...	... ...	5·0 ...	47·9 8·25	41·3 ...	18·2 ...	1·7 ...	... ...	... ...	5·0 ...	6·6 ...	5·0 ...	533·0 9·90	28·1	1·7 ...	... ...	3·3 ...
Mount Abu	82	... ...	... ...	... ...	... ...	219·5 ...	... ...	12·2 ...	... ...	... 12·20	61·0 ...	12·2 ...	36·6 ...	12·2 ...	... ...	... ...	... ...	... ...	36·6 ...	561·1 12·20	12·2	36·6 ...	... ...	... ...
Ootacamund	99	... ...	... ...	... ...	... ...	10·1 ...	... ...	... ...	... ...	... ...	... ...	... ...	10·1 ...	10·1 ...	... ...	... ...	... ...	... ...	20·2 ...	121·2 ...	10·1	... ...	20·2 ...	... ...
Mercara	382	... ...	... ...	... ...	... ...	117·8 ...	2·6 ...	2·6 ...	... ...	5·2 ...	41·9 5·24	5·2 ...	52·4 2·61	5·2 2·61	... ...	... ...	... ...	5·2 ...	5·2 ...	387·4 13·09	13·1	5·2 ...	... ...	... ...
GROUP XII.—HILL STATIONS.	20,366	2·5 ·15	·3 ·29	·3 ·05	·9 ·20	225·4 ·49	11·1 ·98	12·4 ...	1·0 ·05	6·1 1·47	15·6 2·46	20·9 ·20	26·3 ·34	8·2 ·05	...	1·3 ·10	4·1 ·05	12·4 ...	21·2 ·20	656·8 8·84	28·3	9·4 ·15	4·2 ...	7·6 ·05
Marching in Northern Command.	4,731	·8 ...	... ...	·4 ...	... ...	68·9 ·21	15·0 ...	5·1 ...	·4 ·21	2·1 ...	9·7 1·27	7·2 ...	11·6 ...	3·2 ·21	... ...	·2 ...	3·2 ...	7·6 ·21	8·5 ...	316·6 3·59	7·0	3·2 ...	2·1 ...	3·2 ...
Marching in Western Command.	2,946	... ...	... ...	... ...	·7 ...	60·8 ...	3·1 ...	4·4 ...	... ...	·3 ·34	9·5 1·02	8·1 ...	16·6 ...	7·1 ...	... ...	... ...	1· ...	4·8 ...	7·1 ...	225·7 3·73	4·8	·3 ...	1·4 ...	5·4 ...
Marching in Eastern Command.	1,832	... ...	... ...	... ...	... ...	63·3 1·09	·5 ...	33·8 ...	... ...	1·6 ...	3·3 ·55	12·6 ...	13·1 ...	6·0 ...	... ...	... ...	... ...	4·4 ...	6·0 ...	252·7 3·28	4·4	1·6 ...	3·3 ...	1·1 ...
Marching in Secunderabad Division.	729	... ...	... ...	... ...	... ...	20·6 ...	1·4 ...	4·1 ...	1·4 1·37	... ...	4·1 1·37	1·4 ...	9·6 ...	... ...	... ...	... ...	... ...	1·4 ...	5·5 ...	91·9 6·86	1·4	4·1 ...	1·4 ...	... ...
Marching in Burma.	486	... ...	... ...	... ...	... ...	70·0 ...	10·3 2·06	... ...	... ...	... ...	2·1 ...	10·3 ...	39·1 ...	16·5 ...	... ...	... ...	... ...	14·4 ...	10·3 ...	333·3 4·12	4·1	4·1 ...	2·1 ...	4·1 ...
EXTRA INDIA. (*a*) In the Indian Command:—																								
Sikkim Tibet Mission Force.	2,720	5·9 ...	·7 ·74	... ...	·7 ...	2 44 4 04	16·2 3·68	... ...	10·7 ·184	6·3 2·21	27·9 14·71	73·2 1·10	59·2 1·84	31·6 ...	... ...	·7 ...	... ...	2·2 2·21	23·2 ...	812·5 52·21	35·3	15·4 ...	3·3 ...	4·4 ...
Chabbar	54	... ...	... ...	... ...	... ...	444·4 ...	55·6 ...	... ...	... ...	... ...	18·5 ...	37·0 ...	18·5 ...	... ...	... ...	... ...	... ...	... ...	18·5 ...	740·7 ...	18·5	18·5 ...	... ...	... ...
Jask	53	... ...	... ...	... ...	... ...	150·9 ...	... ...	37·7 ...	... ...	... ...	18·9 ...	18·9 ...	56·6 ...	18·9 ...	... ...	18·9 ...	169·8 ...	... ...	18·9 ...	849·1 ...	56·6	18·9 ...	... ...	... ...
Muscat	21	... ...	... ...	... ...	... ...	95·2 ...	... ...	... ...	... ...	... ...	47·6 47·62	... ...	47·6 47·62	... ...	... ...	... ...	95·2 ...	... ...	... ...	333·3 95·24	7·46	... ...	... ...	... ...
Bushire	59	... ...	... ...	... ...	... ...	50·8 ...	... ...	16·9 ...	16·9 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	84·7 ...	...	... ...	... ...	... ...
Bagdad	33	... ...	... 60·61	... ...	... ...	... ...	... ...	... ...	... ...	... ...	30·3 30·30	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	60·6 242·42	...	... ...	... ...	... ...
Aden	670	... ...	... ...	... ...	... ...	876·1 1·49	1·5 ...	... ...	3·0 ...	3·0 1·49	19·4 2·99	31·3 1·49	226·9 2·99	71·6 1·49	4·5 ...	... ...	20·9 ...	44·8 1·49	14·9 ...	1610·4 17·91	116·4	3·0 ...	6·0 ...	6·0 ...

STATIONS AND COMMANDS.	Average annual strength.	1. ADMISSION-RATE.												2. DEATH-RATE.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Khormaksar .	43	... ...	... ...	... ...	... ...	1186·0 23·26	... ...	... ...	... ...	... ...	23·3 23·26	... ...	162·8 ...	46·5 ...	... ...	... ...	... ...	23·3 ...	46·5 ...	1767·4 46·51	46·5	... ...	... ...	46·5 ...
Perim . .	26	... ...	... ...	... ...	... ...	115·4 ...	... ...	... ...	... ...	... ...	... ...	... ...	576·9 ...	... ...	... ...	... ...	... ...	... ...	38·5 ...	1,230·8 ...	38·5	38·5 ...	... ...	... ...
Aden Column Field Force.	660	... ...	... ...	... ...	... ...	1822·7 3·03	3·0 30·3	... ...	3·0 ...	3·0 1·52	15·2 12·12	22·7 ...	312·1 6·06	51·5 ...	1·5 1·52	1·5 ...	142·4 7·58	43·9 ...	18·2 ...	2703·0 37·88	113·6	18·2 ...	... ...	... ...
(*b*) Not in the Indian Command:—																								
Mauritius . .	1,417	... ...	... ...	... ...	... ...	242·8 ...	12·7 2·12	... ...	·7 ...	2·8 ...	2·8 ...	36·0 ·71	26·8 ...	... ...	... ...	... ...	... ...	33·2 ...	33·2 ...	588·6 4·94	21·9	14·1 ...	4·2 ...	14·8 ...
Singapore . .	603	... ...	... ...	... ...	... ...	141·0 ...	... ...	... ...	6·6 ...	1·7 1·65	... ...	13·3 ...	49·8 3·32	5·0 ...	... ...	... ...	... ...	43·1 ...	26·5 ...	582·1 6·63	34·8	11·6 ...	5·0 ...	10·0 ...
INDIA .	*124,055	1·8 ·02	·2 ·18	·5 ·02	·6 ·13	194·1 ·44	7·2 ·71	6·7 ...	1·2 ·19	3·9 ·51	11·7 2·32	21·1 ·25	31·5 ·27	6·7 ·05	·1 ·04	·8 ·05	4·0 ·06	13·2 ·15	20·6 ·05	603·2 8·46	23·8	8·8 ·03	4·5 ...	7·3 ·02
INDIA . . .	†118,655	1·7 ·03	·2 ·17	·5 ·03	·6 ·13	183·5 ·35	7·0 ·62	7·0 ...	1·0 ·16	3·9 ·46	11·5 2·02	19·8 ·23	29·3 ·19	6·0 ·05	·1 ·03	·8 ·05	3·4 ·02	12·9 ·10	20·3 ·05	587·0 7·35	23·0	8·5 ·03	4·5 ...	7·3 ·02
NORTHERN . .	40,293	1·0 ...	... ·02	·4 ·07	·8 ·15	203·8 ·22	11·0 ·84	6·6 ...	·7 ·02	6·4 ·74	15·6 2·90	20·7 ·17	30·4 ·17	3·6 ·07	·1 ·05	·5 ·05	3·2 ..	14·6 ·07	13·7 ·02	609·4 7·70	22·8	5·9 ·02	2·6 ...	5·3 ...
WESTERN . .	24,894	·7 ·09	·3 ·32	·6 ...	·5 ·11	212·2 ·34	5·4 ·52	5·2 ...	1·2 ·14	2·5 ·26	13·9 2·24	20·8 ·23	27·[illegible] ·26	9·0 ·03	·2 ·03	1·1 ·11	7·2 ·06	10·8 ·09	24·7 ...	653·9 7·97	25·7	9·9 ...	5·7 ...	9·0 ...
EASTERN . .	22,777	4·0 ...	·4 ·31	·8 ...	·7 ·26	172·1 ·53	6·0 ·53	6·8 ...	·8 ·22	3·5 ·53	5·4 ·97	15·7 ·18	30·6 ·09	8·6 ·04	... ...	1·0 ...	·5 ...	11·3 ·09	21·7 ·09	545·5 6·23	21·5	8·5 ...	6·3 ...	6·9 ·09
SECUNDERABAD DIVISION	14,290	2·1 ...	·1 ·07	·1 ...	·1 ...	74·7 ·07	2·2 ·28	14·0 ...	2·0 ·42	·8 ...	7·6 1·26	17·1 ·21	24·4 ·21	1·3 ·07	·1 ...	1·1 ...	1·0 ...	12·8 ·07	25·5 ·07	437·1 6·79	19·2	11·7 ·07	3·5 ...	10·4 ...
BURMA ,,	6,401	2·3 ...	·2 ...	... ...	... ...	183·1 1·25	5·0 ·78	4·2 ..	1·1 ·16	4·7 ·62	3·1 ·78	29·4 ·78	35·9 ·16	4·4 ...	·3 ·16	·5 ...	·5 ...	20·2 ·47	21·7 ·31	564·4 6·89	23·0	9·7 ·31	6·1 ...	5·9 ...
China Garrison .	1,417	·7 ...	... ...	2·1 ...	1·4 ...	48·7 ·71	1·4 ...	·7 ...	·7 ...	14·8 8·47	4·2 ...	67·0 ·71	4·2 ...	... ...	... ...	1·4 ...	·7	19·1 ...	43·8 ...	351·4 12·70	31·8	10·6 ...	11·3 ...	21·9 ...
Somaliland Expeditionary Force.	2,521	... ...	... ...	4·8 ·79	... ...	156·3 ·79	7·5 ·79	·8 ...	1·2 ...	2·0 ·79	14·3 3·17	30·5 ...	69·0 1·19	8·7 ...	... ...	1·2 ...	356·6 5·55	·4 ·40	11·1 ...	930·2 17·06	51·6	3·2 ...	·8 ...	7·1 ...

* See foot-note at the end of Table XXIX.
† ,, ,, ,, ,,

TABLE XXIX.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.																	2. DEATHS.						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.
Port Blair	302	...	...	...	...	32	3	2	...	...	1	...	12	...	...	...	...	2	5	119	7	5	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Rangoon	1,032	15	...	...	...	288	...	23	2	2	1	44	68	...	...	1	...	17	29	830	23	10	12	7	...
		...	...	...	...	1	...	...	...	1	1	1	...	...	...	...	...	...	...	4		...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,334	15	...	...	...	320	3	25	2	2	2	44	80	...	...	1	...	19	34	949	30	15	12	7	...
		...	...	...	...	1	...	...	...	1	1	1	...	...	..	...	...	...	...	4		...	...	...	...
Thayetmyo	251	...	...	...	...	49	...	...	1	1	3	8	4	...	...	...	1	5	4	114	6	3	...	1	2
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...
Keng Tung	299	...	...	...	...	94	...	...	...	9	6	19	8	...	...	...	...	6	7	186	12	4	...	3	...
		...	...	...	...	2	...	...	...	1	2	3	...	...	...	...	...	...	...	9		...	...	...	...
Fort Stedman	332	...	...	...	...	51	3	...	...	7	...	6	1	...	1	...	...	15	28	227	14	7	9	12	...
		...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	...	...	...	4		...	...	...	...
Meiktila	520	...	...	...	...	100	4	...	1	...	...	15	8	3	1	1	...	8	12	242	10	8	4	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...
Fort Dufferin	1,493	...	...	...	...	302	7	2	1	4	4	52	35	5	...	1	1	42	15	927	32	6	5	4	1
		...	...	...	...	1	2	...	...	...	...	1	1	...	...	...	...	1	...	10		...	...	...	...
Bhamo	905	...	1	...	...	128	5	...	2	...	...	13	62	10	...	...	1	15	1	413	15	...	...	1	...
		...	...	...	...	3	...	...	1	...	...	...	...	...	...	...	...	2	...	6		...	...	...	...
GROUP II.—BURMA INLAND	3,800	...	1	...	...	724	19	2	5	21	13	113	118	18	2	2	3	91	67	2,109	88	28	18	21	3
		...	...	...	...	7	3	...	1	2	3	4	1	...	1	...	...	3	...	32		...	...	...	...
Manipur	435	...	...	...	2	82	15	...	...	5	11	14	14	3	...	...	...	6	26	313	15	7	10	9	...
		...	...	...	...	...	3	...	..	2	4	1	...	...	...	...	...	...	...	12		...	...	...	...
Sadiya	72	...	...	...	...	21	...	...	...	...	...	4	9	1	...	...	...	2	...	55	2	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dibrugarh	276	...	...	...	...	84	1	...	...	1	...	12	29	...	...	...	...	5	8	174	8	4	1	3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Silchar	16	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	2	7	1	1	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
GROUP III.—ASSAM	799	...	...	...	2	188	16	...	...	6	11	31	52	4	...	...	...	13	36	549	25	12	11	13	...
		...	...	..	...	...	3	...	...	2	4	1	...	...	...	...	...	...	...	12		...	...	...	...
Fort William	620	44	..	...	1	89	...	...	2	3	1	19	28	1	...	...	...	6	16	404	16	5	2	9	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Alipore	716	28	1	...	1	327	2	...	1	3	6	48	25	30	...	2	1	9	11	663	19	5	4	2	...
		...	1	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	5		...	...	...	...
Barrackpore	483	..	...	...	...	332	6	...	...	1	1	7	69	18	...	...	...	6	3	583	17	2	1	...	.
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	..
Buxa	320	...	...	...	...	27	3	...	...	...	5	9	26	3	...	...	...	12	4	174	6	2	...	2	...
		...	...	...	...	...	...	...	..	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...
Cuttack	333	...	...	...	...	29	...	...	...	2	2	5	2	...	...	...	...	...	20	123	4	7	5	8	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	..
GROUP IV.—BENGAL AND ORISSA.	2,472	72	1	...	2	804	11	...	3	9	15	88	150	52	...	2	1	33	54	1,947	62	21	12	21	...
		...	1	...	1	...	...	...	...	...	2	1	...	...	...	...	...	...	...	7		...	..	...	...

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																			Constantly Sick.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.		Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
A																										
Doranda (Ranchi)	433	... ...	... ..	... ...	... ...	142 ...	7 ...	... ...	... ...	2 ...	1 ...	2 ...	9 ...	10 ...	... ...	1 ...	... ...	2 ...	15 ...	349 3	14	4 ...	7 ...	4 ...	... ...	... ...
B																										
Dinapore	846	... ...	... ...	... ...	1 1	228 ...	25 ...	... ...	1 ...	1 ...	1 ...	17 ...	15 ...	1 ...	... ...	3 ...	... ...	1 ...	27 ...	602 1	23	15 ...	5 ...	7 ...	35 ...	... ...
Benares	709	... ...	... ...	... ...	... ...	70 ...	1 ...	13 ...	2 1	1 ...	5 ...	9 ...	1 ...	4 ...	... ...	... ...	... ...	... ...	9 ...	270 1	9	4 ...	5 ...	... ...	3 ...	3 ...
Allahabad	1,143	... ...	... ...	... ...	... ...	239 ...	2 ...	... ...	1 ...	... ...	5 1	17 ...	79 ...	... ...	... ...	... ...	... ...	5 ...	41 1	795 10	28	19 ...	4 ...	18 1	... ...	5 ...
Fyzabad	1,073	... ...	... ...	... ...	1 ...	145 ...	2 ...	65 ...	... ...	... ...	3 2	25 ...	15 ...	3 ...	... ...	3 ...	2 ...	6 ...	23 ...	630 8	23	2 ...	4 ...	17 ...	6 ...	34 ...
Lucknow	1,518	... ...	... ...	1 ...	... ...	80 ...	2 1	... ...	.. ...	2 ...	7 2	16 ...	42 1	1 ...	... ...	... ...	... ...	13 1	19 ...	390 6	22	10 ...	3 ...	6 ...	2 ...	8 ...
Cawnpore	1,130	... ...	... ...	... ...	... ...	105 1	3 2	... ...	3 1	2 ...	4 1	10 ...	48 ...	5 ...	... ...	... ...	... ...	29 ...	23 ...	535 6	23	7 ...	6 ...	10 ...	9 ...	1 ...
Fatehgarh	103	... ...	.. ...	... ...	... ...	33 ...	... ...	... ...	... ...	1 ...	... ...	3 ...	2 ...	... ...	... ...	... ...	... ...	... ...	4 ...	89 ...	3	1 ...	3 ...	... ...	... ...	... ...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,956	... ...	... ...	1 ...	2 1	1042 1	42 3	78 ...	7 2	12 ...	26 6	99 ...	211 1	24 ...	... ...	7 ...	2 ...	56 1	161 1	3,660 35	146	62 ...	37 ...	62 1	55 ...	51 ...
A																										
Bareilly	1,185	... ..	.. ...	... ..	...	146 ...	2 ...	... ...	... 1	6 ...	6 1	14 ...	20 ...	... ...	... ...	... ...	... ...	14 1	19 ...	408 5	20	11 ...	7 ...	1 ...	0 ...	... ...
Roorkee	684	... ...	... .	4 ...	... ...	134 1	4 ...	... ...	1 1	4 1	4 ...	13 ...	24 ...	12 1	... .	... ...	... ...	2 ...	11 ...	432 5	14	4 ...	4 ...	3 ...	1 ...	3 ...
Dehra Dun	1,319	... ...	... ...	... ...	3 2	359 3	5 1	1 ...	1 ...	7 3	9 1	17 1	17 ...	11 ...	1 ...	... ...	... ...	17 ...	38 ...	908 16	35	21 ...	11 ..	6 ...	... ...	... ...
Meerut	1,c97	... ...	.. ...	... ...	... ...	107 1	8 ...	... ...	... ...	8 1	7 ...	5 ...	22 ...	1 ...	. ...	1 ...	... ...	17 ...	25 ...	423 2	16	8 ...	15 ...	2 ...	17 ...	... ...
Delhi	769	1 ..	... ...	10 ...	... ...	177 ...	6 2	... ...	... ...	3 2	13 5	13 ...	12 ...	1 ...	.. ...	... ...	... ...	5 ...	14 ...	484 14	19	5 ...	3 ...	6 ...	7 ...	... ...
Amballa	1,292	5 ...	... ...	2 1	... ...	237 1	7 ...	1 ...	2 ...	2 ...	15 4	8 ...	15 ...	2 ...	... ...	... ...	... ...	14 ...	9 ...	521 14	22	4 ...	2 ...	3 ...	... ...	... ...
B																										
Jullundur	1,150	... ...	... ...	 ...	... ...	113 ...	3 ...	7 ...	... ...	6	13 1	13 ...	30 ...	3 ...	... ...	... ...	6 ...	8 ...	9 ...	544 1	25	4 ...	2 ...	3 ...	2 ...	... ...
Ferozepore	1,402	... ...	... ...	... ...	2 ...	213 ...	17 2	... ...	... ...	15 1	11 1	24 ...	52 1	1 ...	... ...	1 ...	39 ...	26 ...	16 ...	759 8	33	6 ...	4 ...	6 ...	6 ...	2 ...
Miare Mier	1,464	... ...	... ...	1 ...	1 1	186 ..	3 ...	... ...	2 ...	15 1	43 9	34 ...	31 1	3 ...	... ...	... ...	2 ...	16 ...	28 ...	703 15	36	8 ...	7 ...	13 ...	6 ...	... ...
Amritsar	120	... ...	... ..	... ...	... ...	12 ...	... ...	... ...	... ...	... ...	3 ...	2 ...	2 ...	1 ...	... ...	... ...	... ...	... ...	1 ...	38 1	1	1 ...	... ...	... ...	... ...	... ...
Sialkot	1,762	... ...	... ...	... ...	5 3	330 1	3 ...	... ...	1 ...	6 ...	9 2	26 ...	53 ...	9 ...	1 1	2 ...	1 ...	36 ...	5 ...	905 13	30	5 ...	... ...	... ...	6 ...	1 ...
Jhelum	1,358	12 ...	... ...	1 ...	... ...	205 ...	2 ...	... ...	2 ...	6 ...	17 2	25 ...	37 ...	9 ...	... ...	1 ...	2 ...	46 1	31 ...	870 7	30	15 ...	1 ...	15 ...	1 ...	1 ...
Rawalpindi	1,993	2 ...	... ...	... ...	2 1	289 ...	8 2	... ...	2 ...	5 1	14 2	43 1	69 ...	9 ...	... ...	1 ...	9 ...	13 ...	49 ...	963 9	41	20 ...	8 ...	21 ...	4 ...	... ...
Attock	66	... ...	... ...	.. ...	1 ...	7 ...	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...	2 ...	... ...	... ...	... ...	... ...	... ...	18 ...	1	... ...	... ...	... ...	1 ...	... ...
GROUP VI.—UPPER SUB-HIMALAYA.	15,661	20 ...	... ..	18 1	14 7	2,515 7	69 7	9 ...	11 2	83 10	164 28	237 2	385 2	64 1	2 1	6 ...	59 ...	214 2	255 ...	7,976 110	322	112 ...	64 ..	79 ...	81 ...	7 ...
A																										
Mardan	1,005	3 ...	.. ...	... ...	1 ...	275 ...	14 1	... ...	2 ...	7 1	17 4	10 ...	30 ...	3 ...	... ...	... ...	1 ...	19 ...	15 ...	622 7	22	3 ...	1 ...	11 ...	... ...	... ...
Nowshera	2.758	6 ...	... ...	... ..	3 ...	595 1	34 1	4 ...	... ...	8 ...	25 5	67 ...	150 ...	19 ...	... ...	1 ...	8 ...	47 ...	17 ...	1,816 12	61	11 ...	2 ...	4 ...	13 ...	3 ...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Peshawar	2,538	...	...	...	6	455	14	1	...	4	33	34	88	2	2	...	3	42	32	1,397	47	11	8	13	6	...
		...	...	...	1	...	5	...	...	...	4	...	1	...	1	...	...	...	...	17		...	...	...	...	...
Fort Jamrud	88	...	...	...	...	35	...	...	...	...	...	6	11	2	...	1	...	...	3	80	1	...	3	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Kohat	2,778	...	...	8	2	878	19	2	2	27	73	85	141	6	...	1	22	48	30	2,188	84	16	2	12	16	4
		...	...	1	...	...	1	...	...	3	10	1	1	...	...	...	...	1	...	25		...	...	...	...	...
Thal	203	...	...	...	...	103	3	...	...	1	2	12	28	2	...	...	1	7	4	259	6	2	...	2	...	...
		...	...	...	...	...	...	...	...	..	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Edwardesabad	2,135	...	...	...	...	687	37	...	2	12	67	71	81	11	...	...	2	44	30	2,049	69	11	6	13	13	...
		...	...	...	...	1	3	...	...	...	9	...	1	1	...	...	...	...	...	18		...	...	...	...	...
Dera Ismail Khan	2,441	...	...	...	...	766	88	...	1	17	75	99	91	11	...	2	1	70	17	2,427	80	10	4	3	23	...
		...	...	...	...	1	7	...	...	1	26	1	1	...	...	...	...	...	...	48		...	...	...	...	...
Tank	24	...	...	...	...	12	...	...	...	...	...	1	1	...	...	.	...	...	...	22	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Jatta	59	...	1	...	...	25	2	1	...	2	2	1	4	1	...	1	...	3	1	65	2	1	...	...	...	...
		...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Drazand	58	...	...	...	...	58	1	...	...	...	...	3	8	1	...	...	...	1	...	96	2	...	...	...	2	...
		...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2		...	...	...	...	...
Nili Kach	63	...	...	...	...	31	...	...	1	...	1	3	6	1	...	...	...	1	...	58	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Fort Zam	56	...	...	...	...	22	3	...	...	...	3	1	2	1	...	...	...	1	...	62	1	...	...	...	3	...
		...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Dera Ghazi Khan	376	...	...	...	1	76	3	...	...	6	9	14	18	1	...	...	1	5	3	238	10	2	...	1	1	...
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	4		...	...	...	...	...
Multan	1,387	...	...	...	...	162	1	10	...	24	7	20	24	1	...	...	...	22	15	517	24	6	5	4	1	...
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	5		...	...	...	...	...
Bikaner	34	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
B.																										
Jandola	182	...	...	...	...	54	12	...	...	...	5	2	8	2	...	...	...	2	2	149	4	...	2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																			Constantly Sick.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.		Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Kajuri Kach	170	...	...	...	...	38	2	...	1	...	2	2	14	1	..	...	1	6	1	112	4	1	...	...	1	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Sibi	121	...	...	...	...	42	1	...	...	...	2	...	18	1	...	...	...	...	5	112	3	3	1	1	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
C.																										
Jacobabad	498	...	...	...	...	95	7	...	...	2	13	9	12	2	..	...	...	6	23	293	14	5	4	14	3	1
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	3		...	...	...	...	...
Hyderabad	620	1	...	...	...	96	1	...	3	2	3	17	7	6	..	...	3	2	31	331	13	5	6	20	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Kurrachee	553	...	...	...	...	115	...	...	...	...	8	38	35	6	...	2	6	3	16	469	14	3	2	11	3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4		...	...	...	...	...
GROUP VI—I.N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	18,157	10	1	8	13	4,620	212	18	12	112	347	495	777	80	2	8	49	328	245	13,362	464	90	46	109	86	51
		...	1	1	1	3	21	...	...	5	65	4	4	2	1	...	1	2	...	153		...	...	...	...	...
A.																										
Bhuj	569	...	...	...	...	210	...	...	..	5	4	16	11	2	...	1	6	6	11	601	30	8	2	1	26	60
		..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Rajkot	369	...	...	...	...	117	..	...	...	...	1	8	13	3	...	...	...	2	7	217	10	2	3	2	...	...
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Deesa	1,050	...	...	...	1	356	1	1	..	1	20	14	30	6	...	1	4	12	18	929	36	11	4	3	13	3
		...	...	...	...	1	...	...	..	...	2	...	...	...	...	...	...	1	...	7		...	...	...	...	...
Ahmedabad	568	...	...	...	...	652	1	...	3	4	13	26	9	3	...	...	79	14	23	1,071	36	11	7	5	6	...
		...	...	...	...	...	...	...	...	..	3	...	...	...	...	...	...	...	...	5		...	...	...	...	...
Baroda	610	...	...	...	3	127	1	...	3	2	8	9	21	4	...	...	13	11	17	439	22	10	1	6	4	8
		...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	7		...	...	...	...	...
B.																										
Alirajpore	37	...	...	...	...	2	1	...	...	...	2	...	...	...	...	...	...	...	...	9	1	...	...	...	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...
Sirdarpore	377	...	...	...	...	40	1	1	1	6	7	11	4	2	...	1	...	2	14	232	10	8	...	6	23	1
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	...	5		...	...	...	...	...
Jhabwa	39	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	1	16	1	1	...	...	1	...
		...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Kherwara	352	...	...	1	...	33	...	1	...	2	23	2	1	...	...	...	...	1	8	311	18	4	...	4	77	...
		...	...	...	...	...	...	...	...	...	1	...	...	....	...	...	...	...	...	2		...	...	...	...	...
Kotra	140	...	...	...	...	20	1	...	...	...	3	1	...	...	...	...	...	...	1	96	4	1	..	...	6	...
		..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Udaipur	57	...	...	...	...	2	1	...	...	...	...	1	...	...	...	...	...	...	...	16	1	...	...	...	3	...
		...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...	..	...		...	...	...	...	...
Todgarh	32	...	...	...	...	6	...	...	...	...	2	...	...	...	...	...	...	...	1	13	2	1	...	...	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Erinpura	566	...	...	...	...	65	3	...	...	2	15	6	4	3	...	1	1	13	13	347	12	5	2	6	7	1
		...	...	...	...	...	...	..	...	...	2	...	...	...	...	...	...	...	...	3		...	...	...	...	...
Neemuch	446	...	...	...	...	238	...	...	2	3	4	19	3	3	...	...	1	9	10	587	21	6	2	2	15	1
		...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Deoli	537	...	...	...	...	66	...	1	...	...	14	6	11	...	...	2	...	1	12	275	13	7	3	2	5	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	2		...	...	...	...	...
Beawar	46	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...		...	...	...	...	...
Nasirabad	790	...	...	...	...	84	3	...	...	1	17	21	4	1	...	...	1	10	11	335	13	2	4	5	12	...
		...	...	...	...	1	1	...	...	...	6	1	...	...	...	...	...	...	...	9		...	...	...	...	...
Ajmer	459	...	...	...	...	46	...	...	...	2	14	7	4	1	...	...	2	...	5	172	7	5	...	...	8	...
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Sambhar	21	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS. 2. DEATHS.																			CONSTANTLY SICK.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.		Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Jaipur	47	...	...	...	...	4	...	...	...	...	2	1	1	...	...	...	...	...	...	16	1	...	...	...	...	...
		...	...	...	...	..	...	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Agra	731	...	...	1	...	55	3	...	...	6	5	8	24	4	...	2	...	1	12	322	13	2	7	3	3	...
		...	...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Gwalior	29	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Jhansi	1,111	...	...	..	2	153	...	31	...	6	8	2	22	...	...	...	...	17	22	579	19	2	9	11	2	2
		...	..	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...
Nowgong	999	...	...	...	4	132	5	7	...	3	7	9	3	...	1	1	...	2	7	385	14	1	3	3	5	...
		...	...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	5		...	...	...	...	...
Goona	366	...	...	...	...	16	...	...	6	...	1	6	1	...	...	...	...	5	2	94	4	2	...	...	2	...
		...	...	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Agar	324	...	...	...	...	37	2	...	...	...	3	5	3	...	...	...	...	2	4	126	5	...	...	4	...	...
		...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	2		...	...	...	..	...
Sehore	579	...	...	...	1	117	6	11	...	...	4	19	10	3	...	1	...	11	11	473	14	3	1	7	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	.	...	...	...	...	1		...	...	...	...	...
Indore	202	...	...	...	..	10	2	...	...	..	1	...	2	...		...	...	...	10	52	2	1	8	1	...	...
		...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Mhow	1,078	...	...	..	1	142	..	13	...	2	8	19	26	21	1	4	1	12	24	775	25	10	5	9	16	1
		...	...	..	..	...	...	...	...	1	4	...	...	...	...	...	...	...	..	13		...	...	...	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	12,539	...	..	2	12	2,737	31	66	15	45	186	234	207	5	2	14	108	131	244	8,492	331	103	61	80	236	80
		...	...	...	2	4	5	...		2	30	2	...	...	...	2	...	1	...	81		...	...	...	...	...
A.																										
Asirgarh	38	...	...	...	...	5	...	1	...	...	1	...	...	...	...	...	..	1	...	16	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Saugor	993	...	...	...	...	83	18	21	2	7	2	7	14	3	...	1	...	6	20	345	14	4	6	10	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	5		...	...	...	...	...
Sutna	32	...	...	...	...	6	1	...	...	...	...	...	1	...	...	...	...	...	2	14	1	2	...	...	...	...
		...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...		...	...	...	...	..
Jubbulpore	675	...	...	...	...	133	10	...	...	1	5	7	27	5	...	...	1	7	14	523	19	9	2	3	1	...
		...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	5		...	...	...	...	...
Kamptee	638	...	..	...	..	110	...	2	...	...	4	14	7	1	...	1	...	10	10	405	18	2	2	6	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	7		...	...	...	...	...
Sitabaldi	66	...	...	...	...	38	...	...	...	...	1	2	...	7	...	1	...	...	1	70	1	1	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
B.																										
Ellichpur	494	...	...	..	...	30	...	...	...	1	1	3	7	...	...	...	1	1	3	105	3	2	...	1	1	1
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4		...	...	...	...	...
Aurangabad	1,685	...	...	...	...	385	1	1	1	2	8	20	29	1	...	1	...	9	41	1,110	37	19	1	21	...	...
		...	...	...	...	1	...	...	2	...	1	...	...	...	...	...	..	...	...	14		...	...	...	...	...
Ahmednagar	484	...	...	1	...	49	...	4	1	3	6	11	5	5	...	...	3	9	19	212	7	2	7	10	12	...
		...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	4		...	...	...	...	...
Bolarum	1,711	...	...	...	1	78	13	93	1	2	12	35	51	3	1	2	...	14	28	624	24	19	1	8	2	3
		...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	5		...	...	...	...	...
Secunderabad	3,499	...	...	...	...	186	8	17	7	4	26	38	109	1	...	1	1	50	64	1,336	58	26	5	33	36	6
		...	...	...	...	...	1	...	2	...	2	1	...	...	...	...	...	...	...	13		...	...	...	...	...

1. ADMISSIONS. 2. DEATHS.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Belgam	1,422	...	...	1	...	47	1	36	2	2	20	19	11	...	...	1	..	13	63	535	19	21	16	26	17	...
		...	...	..	...	...	...	...	1	...	5	...	...	...	...	...	...	...	...	17		...	...	...	...	...
Satara	625	...	...	...	...	93	...	6	1	...	2	3	8	1	..	...	1	3	30	518	20	12	6	12	26	3
		...	...	...	...	...	...	...	...	...	1	...	...	...	..	...	...	...	...	3		...	...	...	...	...
Poona	1,698	...	...	6	..	177	7	6	4	3	13	18	24	15	...	3	2	11	56	806	40	27	19	10	10	44
		...	...	...	...	...	2	...	1	...	4	1	...	...	...	...	..	...	...	18		...	...	...	...	...
Kirkee	1,615	...	1	...	2	349	6	...	3	2	13	103	66	16	.	2	27	28	77	1,249	38	38	19	20	16	15
		..	1	...	...	...	1	...	...	1	2	2	...	...	...	...	...	...	...	8		...	...	...	...	...
Sirur	488	...	10	...	...	15	...	...	...	...	1	3	61	31	...	1	...	13	11	264	11	4	1	6	14	...
		...	8	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	11		...	...	...	...	...
GROUP IX.—DECCAN	16,162	...	11	8	3	1,784	65	187	22	27	115	283	420	89	1	14	36	175	439	8,132	311	188	85	166	135	72
		..	9	...	..	2	7	...	8	1	20	4	1	...	...	...	...	...	...	114		...	...	...	...	...
Bombay	1,005	...	...	9	...	323	3	1	1	4	7	21	44	23	1	3	4	8	71	850	40	34	27	10	15	19
		...	...	...	...	1	1	...	...	...	3	1	1	...	1	2	...	...	...	13		...	...	...	...	...
Vakola	355	...	...	.	...	65	4	...	...	...	10	2	6	11	...	...	4	3	17	155	8	5	12	...	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Cannanore	517	...	...	...	...	17	3	20	7	1	2	14	5	...	...	2	...	2	15	274	10	3	2	10	2	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3		...	...	...	...	...
Trivandrum	73	...	...	...	...	3	...	2	..	...	...	1	2	...	...	1	...	...	1	35	1	1	...	...	...	...
		...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
GROUP X.—WESTERN COAST.	1,950	...	...	9	...	408	10	23	8	5	19	38	57	34	1	6	8	13	104	1,314	60	43	41	20	19	19
		...	...	...	...	1	1	...	...	...	3	2	1	...	1	2	...	...	...	17		...	...	...	...	...
A.																										
Bellary	1,106	...	...	...	.	209	3	1	...	1	4	18	29	...	...	4	4	13	24	629	29	9	8	7	13	2
		...	...	...	...	1	1	...	1	..	...	...	1	...	...	...	...	...	...	26		...	...	...	...	...
Bangalore	3,170	30	...	...	...	338	3	27	5	...	29	88	64	2	...	2	9	58	120	1,753	68	52	14	54	15	4
		...	...	...	.	...	1	...	...	...	10	...	...	...	...	...	...	1	...	22		...	...	...	...	...
B.																										
Trichinopoly	748	...	2	...	...	6	...	12	1	...	3	3	2	2	...	1	...	3	13	202	8	7	1	5	...	...
		...	1	...	.	...	...	...	...	...	1	...	...	...	...	...	...	...	1	3		1	...	...	...	...
Pallavaram	41	...	...	..	..	6	...	...	...	...	2	2	7	1	...	...	...	9	3	65	16	2	...	1	...	...
		..	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
St. Thomas' Mount	676	...	...	1	.	92	...	...	1	..	4	15	29	1	...	1	...	16	28	566	25	8	5	15	...	108
		...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...
Madras	662	..	...	...	...	34	...	10	4	1	5	17	12	4	...	1	...	8	19	240	11	10	1	8	...	29
		...	...	...	...	...	...	...	1	...	1	1	1	...	...	...	...	...	...	6		...	...	...	...	...
C.																										
Vizianagram	384	...	...	...	...	7	...	14	1	...	1	8	4	2	...	1	...	6	39	190	11	23	10	6	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	..	...	...	...
GROUP XI.—SOUTHERN INDIA.	6,786	30	2	1	...	692	6	64	12	2	48	151	147	12	...	10	13	113	246	3,645	169	111	39	96	28	143
		...	1	...	...	1	2	...	2	...	12	1	2	...	...	...	...	1	1	62		1	...	...	...	...
Maymyo	781	...	..	...	...	94	5	...	...	7	4	26	13	2	...	..	...	12	33	393	28	17	8	8	...	...
		...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	2	6		2	...	...	...	...
Kalanaga	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...		...	...	...	...	...
Kohima	136	...	...	...	...	81	...	...	...	...	2	5	3	...	...	...	5	10	7	168	5	4	...	3	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Shillong	995	...	..	2	2	300	1	...	4	3	10	17	60	49	...	...	3	45	40	813	37	18	11	11	3	...
		...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	5		...	...	...	...	...
Gantak	10	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Almora	723	...	...	...	...	55	12	13	...	2	2	2	11	4	...	7	...	3	35	342	17	14	9	12	...	4
		...	...	...	...	1	2	...	..	...	...	1	...	...	...	...	...	...	1	10		...	...	1	...	...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																			Constantly Sick.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.		Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Ranikhet	8	... ...	... ..	... ..	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ..	... ...	... ...	... ...	... ...	1 ...	...	... ...	... ...	... ...	... ...	... ...
Naini Tal	130	... ...	... ...	... ...	... ...	6 ...	... ...	... ...	... ...	2 1	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	8 ...	33 1	2	5 ...	1 ...	2 ...	... ...	... ...
Lansdowne	2,931	19 ...	7 6	.. ...	6 2	349 3	26 1	2 ...	3 1	9 2	7 1	22 ...	66 1	24 ...	... ...	3 ...	... ...	32 ...	23 ...	1,467 22	71	4 ...	9 ...	10 ...	... ...	1 ...
Simla	148	1 ...	... ...	... ...	... ...	18 ...	3 ...	... ...	.. ...	2 ...	1 ...	8 ...	4 ...	1 ...	... ...	... ...	... ...	2 ...	13 ...	77 ...	4	5 ...	6 ...	2 ...	... ...	... ...
Jutogh	103	... ...	... ...	... ...	... ...	2 ...	... ...	... ...	... ...	... ...	3 ...	2 ...	9 ...	... ...	... ...	2 ...	... ...	1 ...	7 ...	46 1	2	6 ...	... ...	1 ...	... ...	... ...
Dharmsala	1,249	6 ...	... ...	... ...	... ...	111 ...	15 2	... ...	1 ...	18 6	9 1	11 ...	12 ...	1 ...	... ...	1 ...	... ...	2 ...	24 ...	405 10	25	9 ...	7 ...	8 ...	... ...	... ...
Bakloh	761	1 ...	... ...	... ...	... ...	173 ...	33 ...	... ...	... ...	22 7	4 3	8 ...	7 ...	1 ...	... ...	... ...	1 ..	11 ...	42 ...	548 10	53	17 ...	11 ...	14 ...	6 ...	... ...
Murree	27	.. ...	... ...	... ...	... ...	5 ...	... ...	... ...	... ...	... ...	... ...	2 ...	1 ...	... ...	... ...	... ...	... ...	... ...	2 ...	11 ...	1	2 ...	... ...	... ...	... ...	... ...
Khyragully	71	... ...	... ...	... ...	... ...	7 ...	1 ...	... ...	... ...	1 ...	... ...	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	16 ...	1	... ...	... ...	... ...	1 ...	... ...
Baragully	39	... ...	... ...	... ...	... ...	8 ...	... ...	... ..	1 ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	3 ...	2 ...	27 ...	1	... ...	2 ...	... ...	... ...	... ...
Kalabagh	57	... ...	... ...	... ...	... ...	18 ...	... ...	2 ...	... ...	... ..	... ...	5 ...	... ...	1 ...	... ...	... ...	... ...	1 ...	2 ...	45 ...	1	... ...	... ...	2 ...	... ...	... ...
Chitral	158	... ...	... ...	... ...	... ..	23 ...	2 ...	44 ...	... ...	... ...	2 1	3 ...	1 ...	... ...	.. ...	... ...	... ...	... ...	2 ...	142 1	4	2 ...	... ...	... ...	... ...	... ...
Kila Drosh	735	... ...	... ...	... ...	1 ...	74 ...	2 ...	166 ...	... ...	5 1	5 ...	7 ...	8 ...	2 ...	... ...	... ...	4 ...	7 ...	9 1	467 2	17	3 1	2 ...	4 ...	... ...	... ...
Malakand	778	... ...	... ...	... ...	1 ...	84 ...	2 ...	... ...	... ...	4 ..	16 2	19 ...	5 ...	... ...	... ...	 ...	... ...	10 ...	2 ...	251 2	8	1 ...	1 ...	... ...	... ...	... ...
Dargai	346	... ..	.. ...	... ...	... ..	5 ...	... ...	... ...	1 ...	... ...	17 4	4 ...	4 ...	... ...	... ...	2 2	... ...	1 ...	1 ...	72 7	4	1 ...	... ...	... ...	2 ...	... ...
Chakdara	380	.. ..	... ...	... ...	... ...	22 ...	8 ...	... ...	1 ...	1 ...	8 ...	6 ...	8 ...	... ...	... ...	1 ...	... ...	... ...	1 ...	98 1	4	... ...	... ...	1 ...	... ...	... ...
Abbottabad	2,438	... ..	... ...	2 ...	4 ...	1,076 2	16 4	... ...	2 ...	24 8	45 6	74 ...	57 1	10 ...	... ...	1 ..	6 ..	18 ...	77 ...	2,329 27	99	32 ...	7 ...	38 ...	6 ...	... ...
Cherat	74	... ...	... ...	... ...	... ...	8 ...	... ...	2 ...	... ...	... ...	1 ...	1 ...	3 ...	... .	... ...	... ...	.. ...	... ...	... ...	33 ...	1	... ...	... ...	... ...	2 ...	... ...
Fort Lockhart	465	... ...	... ...	... ...	... ...	77 ...	4 2	... ...	... ...	3 ...	4 ...	17 1	19 ...	1 ...	... ...	1 ...	... ...	8 ...	9 ...	277 4	10	6 ...	1 ...	2 ...	... ...	... ...
Hangu	95	... ...	.. ...	1 1	.. ...	17 ...	3 ...	... ...	... ...	... ...	1 ...	1 ...	8 ...	... ...	... ...	... ...	... ...	... ...	... ...	65 1	2	... ...	... ...	... ...	... ...	... ...
Miran Shah	598	... ...	... ...	... ...	2 ...	235 ...	2 1	... ...	1 ...	4 ...	16 7	15 ...	25 ...	8 ...	... ...	... ...	3 ...	9 ...	2 ...	554 8	10	... ...	1 ...	1 ...	2 ...	... ...
Sarwekai	64	.. ...	... ..	... ...	... ..	52 ...	3 1	... ...	... ...	... ...	2 1	9 ...	2 ...	2 ...	... ...	... ...	... ...	... ...	... ...	93 3	2	... ...	... ...	... ...	... ...	... ...

1. ADMISSIONS. 2. DEATHS.

STATIONS AND GROUPS.	Average annual Strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Wana	33	... ...	... ...	... ...	... ...	5 1	... ...	... ...	... ...	... ...	3 2	2 1	1 ...	... ...	... ...	... ...	... ...	4 ...	... ...	22 5	1	... ...	... ...	... ...	... ...	... ...
Mir Ali Khel	107	... ...	... ...	... ...	... ...	186 ...	3 1	... ...	... ...	... ...	... ...	6 ...	15 1	1 ...	... ...	... ...	3 ...	1 ...	... ...	245 2	5	... ...	... ...	... ...	... ...	... ...
Fort Sandeman	863	... ...	... ...	... ...	1 1	327 ...	34 3	2 ...	2 ...	1 ...	25 6	24 ...	42 1	10 ...	... ...	3 ...	14 ...	21 ...	18 ...	916 12	28	12 ...	3 ...	3 ...	13 ...	... ...
Hindubagh	30	... ...	... ...	... ...	... ...	8 ...	... ...	... ...	... ...	... ...	1 ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	11 ...	...	... ...	... ...	... ...	... ...	... ...
Mûsa Khel	27	... ...	... ...	... ...	... ...	19 ...	1 ...	... ...	... ...	... ...	2 ...	3 ...	1 ...	1 ...	... ...	... ...	... ...	... ...	... ...	36 ...	1	... ...	... ...	... ...	... ...	... ...
Khan Mohamed Kot	50	... ...	... ...	... ...	... ...	45 ...	1 ...	... ...	... ...	... ...	2 ...	2 ...	5 ...	7 ...	... ...	... ...	1 ...	1 ...	... ...	90 ...	2	... ...	... ...	... ...	... ...	... ...
Kila Saifulla	3	... ...	... ...	... ...	... ...	2 ...	18 ...	... ...	... ...	... ...	1 ...	... ...	6 1	... ...	... ...	1 ...	1 ...	... ...	... ...	34 1	1	... ...	... ...	... ...	... ...	... ...
Murgha	54	... ...	... ...	... ...	... ...	21 ...	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	1 ...	1 ...	3 ...	40 ...	1	3 ...	... ...	... ...	... ...	... ...
Loralai	757	... ...	... ...	... ...	... 1	223 ...	4 2	... ...	4 ...	3 ...	28 2	23 ...	30 1	4 ...	... ...	1 ...	5 ...	17 ...	10 ...	671 8	30	7 ...	... ...	3 ...	5 ...	... ...
Gumbaz	60	... ...	... ...	... ...	... ...	17 ...	1 ...	... ...	... ...	... ...	... ...	3 ...	5 ...	... ...	... ...	... ...	1 ...	1 ...	1 ...	48 ...	2	... ...	... ...	1 ...	... ...	... ...
Quetta	2,776	24 3	... ...	2 ...	1 ...	668 3	1 ...	19 ...	1 ...	7 3	37 6	68 1	64 ...	31 ...	... ...	4 ...	32 1	23 ...	49 ...	1,901 18	73	18 ...	4 ...	27 ...	21 ...	3 ...
Peshin	31	... ...	... ...	... ...	... ...	3 ...	... ...	... ...	... ...	... ...	... ...	2 ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	7 ...	...	... ...	... ...	... ...	... ...	... ...
Shelabagh	39	... ...	... ...	... ...	... ...	20 ...	2 ...	... ...	... ...	2 ...	5 ...	... ...	1 ...	1 ...	... ...	... ...	... ...	1 ...	... ...	45 ...	1	... ...	... ...	... ...	... ...	... ...
Spinwana	34	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	5 ...	...	... ...	... ...	... ...	... ...	... ...
Chaman	606	... ...	... ...	... ...	... ...	80 ...	20 ...	... ...	... ...	3 ...	29 5	25 ...	11 ...	1 ...	... ...	... ...	3 ...	4 ...	3 ...	323 6	17	1 ...	... ...	2 ...	1 ...	... ...
Mount Abú	82	... ...	... ...	... ...	... ...	18 ...	... ...	1 ...	... ...	... 1	5 ...	1 ...	3 ...	1 ...	... ...	... ...	... ...	... ...	3 ...	46 1	1	3 ...	... ...	... ...	... ...	... ...
Ootacamund	99	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	1 ...	... ...	... ...	... ...	... ...	2 ...	12 ...	1	... ...	2 ...	... ...	... ...	... ...
Mercara	382	... ...	... ...	... ...	... ...	45 ...	1 ...	1 ...	... ...	2 ...	16 2	2 ...	20 1	2 1	... ...	... ...	... ...	2 ...	2 ...	148 5	5	2 ...	... ...	... ...	... ...	... ...
GROUP XII.—HILL STATIONS.	20,366	51 3	7 6	7 1	18 4	4,590 10	226 20	252 ...	21 1	125 30	318 50	426 4	535 7	167 1	... ...	27 2	83 1	252 ...	432 4	13,377 180	576	192 3	85 ...	155 1	62 ...	12 ...
Marching in Northern Command.	4,731	4 ...	... ...	2 ...	... ...	326 1	71 ...	24 ...	2 1	10 ...	46 6	34 ...	55 ...	15 1	... ...	1 ...	15 ...	36 1	40 ...	1,498 17	33	15 ...	10 ...	15 ...	5 ...	... ...
Marching in Western Command.	2,946	... ...	... ...	... ...	2 ...	179 ...	9 ...	13 ...	... ...	1 1	28 3	24 ...	49 ...	21 ...	... ...	... ...	5 ...	14 ...	21 ...	665 11	14	1 ...	4 ...	16 ...	7 ...	3 ...
Marching in Eastern Command.	1,832	... ...	... ...	... ...	... ...	116 2	1 ...	62 ...	... ...	3 ...	6 1	23 ...	24 ...	11 ...	... ...	... ...	... ...	8 ...	11 ...	463 6	8	3 ...	6 ...	2 ...	3 ...	1 ...
Marching in Seconderabad Division.	729	... ...	... ...	... ...	... ...	15 ...	1 ...	3 ...	1 1	... ...	3 1	1 ...	7 ...	... ...	... ...	... ...	... ...	1 ...	4 ...	67 5	1	3 ...	1 ...	... ...	... ...	... ...
Marching in Burma Division.	486	... ...	... ...	... ...	... ...	34 ...	5 1	... ...	... ...	... ...	1 ...	5 ...	19 ...	8 ...	... ...	... ...	... ...	7 ...	5 ...	162 2	2	2 ...	1 ...	2 ...	... ...	1 ...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

Stations and Commands.		Average annual strength.	1. Admissions. 2. Deaths.																								
			Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Extra India.																											
(*a*) In the Indian Command :—																											
Sikkim-Tibet Mission Force.		2,720§	16	2	...	2	673	44	...	29	17	76	199	161	86	...	2	...	6	63	2,210	96	42	9	12	...	...
			...	2	...	...	11	10	...	5	6	40	3	5	...	...	...	...	6	...	142		...	...	...	...	...
Chabbar		54	...	...	...	...	24	3	...	...	...	1	2	1	...	...	...	...	...	1	40	1	1	...	...	1	...
			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Jask		53	...	...	...	...	8	...	2	...	...	1	1	3	1	...	1	9	...	1	45	3	1	...	...	...	...
			...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Muscat		21	...	...	...	...	2	...	...	...	...	1	...	1	...	...	...	2	...	...	7	1	...	...	...	...	1
			...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2		...	...	...	...	...
Bushire		59	...	...	...	...	3	...	1	1	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Bagdad		33	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
			...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	8		...	...	...	...	...
Aden		670	...	...	...	...	587	1	...	2	2	13	21	152	48	3	...	14	30	10	1,079	78	2	4	4	6	...
			...	...	...	...	1	...	...	...	1	2	1	2	1	...	...	...	1	...	12		...	...	...	...	...
Khormaksar		43	...	...	...	...	51	...	...	...	...	1	...	7	2	...	...	...	1	2	76	2	...	...	2	...	...
			...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Perim		26	...	...	...	...	3	...	...	...	...	...	...	15	...	...	...	...	...	1	32	1	1	...	...	...	...
			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	..	...	...
Aden Column Field Force.		660§	...	...	...	...	1,203	2	...	2	2	10	15	206	34	1	1	94	29	12	1,784	75	12	...	...	...	...
			...	...	...	...	2	2	..	...	1	8	...	4	...	1	...	5	...	...	25		...	...	...	1	...
(*b*) Not in the Indian Command :—																											
Mauritius		1,417	...	...	...	...	344	18	...	1	4	4	51	38	...	...	...	...	47	47	834	31	20	6	21	2	...
			...	...	...	...	...	3	...	...	...	...	1	...	...	...	...	...	...	...	7		...	...	...	...	...
Singapore		603	...	...	...	...	85	...	...	4	1	...	8	30	3	...	...	...	26	16	351	21	7	3	6	1	...
			...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	4		...	...	...	...	...
INDIA	*Remaining from 1903.		4	...	4	9	598	22	4	13	195	204	161	112	36	1	10	11	89	244	3,207		117	46	81	22	20
	Admitted.	† 124,055	218	25	56	70	24,077	895	829	160	489	1,456	2,623	3,907	829	14	102	501	1,643	2,551	74,832	2,950	1,087	555	909	730	443
	Died.		3	22	3	6	55	88	...	23	63	288	31	33	6	5	6	7	18	6	1,050		4	...	2	...	...
	Died out of hospital.		...	2	...	...	1	...	...	7	...	...	...	...	...	...	...	...	...	...	54		...	...	...	...	...
INDIA	*Remaining from 1903.		4	...	4	9	556	22	4	12	194	196	152	100	30	1	10	11	87	241	3,063		116	46	79	22	20
	Admitted.	‡ 118,655	202	23	56	68	21,772	831	829	124	465	1,366	2,350	3,472	706	13	99	407	1,535	2,413	69,653	2,727	1,006	537	870	727	443
	Died.		3	20	3	16	42	73	...	19	55	240	27	22	6	4	6	2	12	6	872		4	...	2	...	...
	Died out of hospital.		...	2	...	...	1	...	...	7	...	...	...	...	...	...	...	...	...	...	50		...	...	...	...	...
Northern Command		40,293	40	1	17	32	8,210	442	264	27	257	630	834	1,226	146	3	20	128	589	553	24,554	919	236	105	212	130	58
			...	1	3	6	9	34	...	[illegible]	30	117	7	7	3	2	2	...	3	1	311		1	..	...	...	...
Western Command.		34,894	25	11	20	18	7,403	188	182	43	86	484	725	971	316	6	38	250	377	862	22,816	896	347	200	315	406	169
			3	11	...	4	12	18	...	5	9	78	8	9	1	1	4	2	3	...	278		...	...	...	...	...
Eastern Command		22,777	92	8	18	17	3,921	137	156	19	80	124	358	696	197	1	22	11	257	494	12,424	490	194	143	157	119	60
			...	7	...	6	12	12	...	5	12	22	4	2	1	...	...	...	2	2	142		...	...	2	...	...
Secunderabad Division		14,290	30	2	1	1	1,067	32	200	28	12	108	245	349	19	1	16	15	183	365	6,246	274	167	50	148	69	153
			...	1	...	...	1	4	...	6	...	18	3	3	1	...	...	...	1	1	97		1	...	...	...	...
Burma Division		6,401	15	1	...	...	1,172	32	27	7	30	20	188	230	28	2		3	129	139	3,613	148	62	39	38	3	3
			...	...	...	...	8	5	...	1	4	5	5	1	...	1	...	...	3	2	44		2	...	...	...	...
China Garrison		§ 117	1	...	3	2	69	2	1	1	21	6	95	6	...	...	2	1	27	62	498	45	15	16	31	...	...
			...	...	...	...	1	...	...	...	12	...	1	...	...	...	...	...	...	...	18		...	...	...	...	...
Somaliland Expeditionary Force		§ 2,521	...	...	12	...	394	19	2	3	5	36	77	174	22	..	3	899	1	28	2,345	129	8	2	18	...	...
			...	...	2	...	2	2	...	...	2	8	...	3	...	...	...	14	1	...	43		...	...	...	...	..

* Remaining + admitted = total treated. Remaining + admitted + died out of hospital = total cases.
† Excluding troops in China and Somaliland, and including troops in Extra India not in the Indian Command.
‡ Excluding also troops in Extra India not in the Indian Command.
§ As far as returns have been received.

Groups and Commands.	1. Average Strength. 2. Constantly Sick.												Total.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
I.—Burma Coast and Bay Islands.	1,442	1,501	1,358	1,189	1,213	1,158	1,250	1,283	1,227	1,350	1,600	1,434	16,005
	33	24	20	19	24	29	30	31	42	33	42	29	356
II.—Burma Inland	3,974	3,916	3,517	3,443	3,906	3,651	3,820	4,118	4,178	4,014	3,628	3,431	45,596
	83	91	76	67	82	82	92	99	105	88	95	99	1,059
III.—Assam	1,158	724	610	756	771	806	791	778	772	769	795	857	9,587
	37	24	33	18	17	23	17	18	21	30	32	35	305
IV.—Bengal and Orissa	2,678	2,873	2,720	2,307	2,264	2,315	2,396	2,407	2,467	2,851	2,134	2,249	29,661
	54	63	54	51	62	57	62	63	58	69	72	80	745
V.—Gangetic Plain and Chutia Nagpur.	7,431	7,480	7,527	6,999	6,911	6,999	7,108	6,999	6,960	7,209	6,223	5,624	83,470
	136	140	122	124	125	121	133	153	175	204	184	134	1,751
VI.—Upper Sub-Himalaya	18,482	19,054	17,386	14,701	13,648	14,505	13,872	13,858	13,994	15,826	16,460	16,150	187,936
	383	389	301	258	270	255	236	296	330	371	404	367	3,860
VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	19,348	20,146	19,260	16,881	16,313	16,867	17,003	17,187	16,826	17,157	20,466	20,426	217,880
	623	564	406	340	397	375	357	391	399	473	622	621	5,568
VIII.—South-Eastern Rajputana, Central India, and Gujarat.	12,681	13,141	13,417	11,304	11,277	11,416	11,539	11,338	11,509	13,536	13,873	15,315	150,346
	350	346	302	242	244	282	301	334	358	401	408	401	3,969
IX.—Deccan	17,967	18,269	17,270	15,156	15,085	15,797	15,746	15,035	14,310	15,720	16,806	16,785	193,946
	391	352	306	250	239	242	294	334	295	308	367	351	3,729
X.—Western Coast	2,148	2,259	1,695	1,386	1,947	1,954	1,932	1,680	1,938	1,879	2,005	2,575	23,398
	83	76	66	41	45	56	49	50	45	50	67	88	716
XI.—Southern India	7,734	7,784	6,955	5,844	5,869	6,095	6,614	6,541	6,611	7,332	6,956	7,100	81,435
	232	249	208	173	156	143	144	147	137	132	150	156	2,027
XII.—Hill Stations	21,970	20,619	20,988	21,279	20,339	20,144	20,476	20,342	20,867	19,727	18,012	19,627	244,390
	588	558	523	438	463	545	627	637	680	643	583	629	6,914
INDIA *	135,789	135,141	128,065	115,246	112,764	116,468	116,682	116,043	116,565	127,953	134,748	133,192	1,488,656
	3,279	3,165	2,709	2,266	2,444	2,614	2,825	3,044	3,100	3,184	3,415	3,350	35,395
INDIA †	131,016	129,841	122,570	110,170	107,557	110,261	109,630	109,070	109,577	122,370	131,579	130,214	1,423,855
	3,108	2,969	2,505	2,116	2,223	2,358	2,496	2,692	2,763	2,968	3,292	3,231	32,721
Northern Command	44,726	43,842	41,331	37,052	35,626	37,414	36,230	36,839	37,203	43,029	45,693	44,531	483,516
	1,150	1,104	819	679	746	778	778	836	873	966	1,152	1,149	11,030
Western Command	37,226	37,485	36,200	32,014	31,769	32,324	32,095	32,027	31,777	35,643	39,206	40,957	418,723
	968	888	789	646	671	761	863	958	939	1,036	1,127	1,103	10,749
Eastern Command	25,913	25,480	23,987	21,807	20,595	21,184	21,246	20,781	20,994	22,904	25,041	23,390	273,322
	456	464	436	412	431	447	459	501	550	592	584	551	5,883
Secunderabad Division	16,096	16,011	14,629	13,351	13,414	13,656	14,134	13,107	13,235	14,090	14,703	15,056	171,482
	373	369	311	266	246	238	251	244	233	230	262	266	3,289
Burma Division	7,055	7,023	6,423	5,946	6,153	5,683	5,925	6,316	6,368	6,704	6,936	6,280	76,812
	161	144	150	113	129	134	145	153	168	144	167	162	1,770

* Including troops in Extra India not in the Indian Command.

† Excluding troops in Extra India not in the Indian Command.

TABLE XXX.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

NORTHERN COMMAND.

Kohat.—The following defects have been brought to notice :—

(1).—A very insanitary water channel from Kohat town passes through part of the Left Infantry lines. There is also a large Nullah close to this channel and to the lines outside Cantonments. Both are reported dangerous to the health of the troops occupying the lines. (2) Dhobies Ghat, a Nullah outside and close to Cantonments is insanitary, the water used is foul and often fœtid, from structural defects and want of sufficient slope. (3) The village of Chicker Kote close to Cantonments is very insanitary. It is now being largely extended. It is a menace to the health of Cantonments.

The General Officer Commanding the Brigade says as regards :—(1) Both matters have been fully reported to the Northern Command and proposals made that the water-channel be made pucca and diverted as far as possible from the lines in a covered way and the nullah be railed in so as to be inaccessible from the lines. Estimates for both are now under consideration. (2) The matter is under enquiry and estimates and plans will shortly be submitted. (3) The Civil authority states that new buildings now require the Municipal approval before being erected, and that there is a uniform plan laid down on sanitary principles for all new houses. Nothing further is possible unless the land is acquired by Government.

The Lieutenant-General Commanding the Forces remarks on the defect numbered 3 above :—All possible action seems to have been taken.

Edwardesabad.—The following defects have been brought to notice :—(1) The water channels are most insanitary. (2) The cavalry lines are unsuitable and a new site should be selected.

The Officer Commanding the Brigade says as regards the defects numbered above.—(1) The water channels through the Cavalry and Artillery lines will be turned off as soon as arrangements can be made for the diversion of the water. The water running through the Fort is to be turned off on the 21st February. (2) Several sites have been selected in past years. A new scheme is now being prepared under the orders of the Lieutenant-General Commanding.

The Lieutenant-General Commanding the Forces remarks on the above defects.—(1) These are being dealt with at Command Head quarters. (2) The scheme for the extension of Bannu Cantonment has been postponed by Government till further orders.

Dera Ismail Khan :—The following defects have been brought to notice :—(1) The drainage of the station is defective. The surface drains in the Regimental lines should be of brick and cement and at a proper level. The large drain near the Cavalry lines is connected with the City drainage, and when there is a large fall of rain becomes foul. The drainage of the lines at Fort Akalgarh is defective, good drainage is required here, for without it the place becomes a swamp. (2) The hollow near the Cavalry lines gets full of water and is a breeding place for mosquitoes.

The General Officer Commanding the Brigade says as regards the defects numbered above :—(1) This was entered first in the List of Military Works, 1904, by the Standing Barrack Committee and awaits the orders of Government. I do not however recommend work being carried out pending further consideration as to the desirability of draining Cantonments. My Commanding Royal Engineer informs me that in some Cantonments where a drainage scheme has been carried out, it has affected the well-water supply very considerably. He will submit a further report. (2) No funds are available for filling up the hollow referred to.

The Lieutenant-General Commanding the Forces remarks on the above defects.—(1) Pending a further representation from the General Officer Commanding. (2) Being dealt with at Command Head-quarters.

Jatta.
Drazand. } No sanitary reports.
Fort Zam.

Dera Gazi Khan.—The following defects have been brought to notice :—(1) There are two pools near the lines which are breeding places for mosquitoes. (2) Latrine accommodation for the troops is very defective.

The General Officer Commanding the Brigade says as regards the defects numbered above :—(1) No action taken as it would be very expensive to fill them up, and as the station is to be shortly given up. (2) There appears to be no necessity for action with regard to more latrine accommodation, as the station is shortly to be given up.

Bakloh.—The following defects have been brought to notice : –(1) Overcrowding. The entire space of the 2-4th Gurkhas Barrack is not sufficient. (2) The earthen floors harbour the *bacillus tuberculosis.*

The General Officer Commanding the Division says as regards the defects numbered above.—(1) More barracks have been sanctioned, but funds have not been allotted. The serious epidemic of tubercle has been got in hand by temporary evacuation at some expense. There is grave danger of this having to be incurred all over again owing to want of money to carry out the most ordinary sanitary measures repeatedly recommended in diverse shapes by Committees. (2) Concrete floors are needed.

The Lieutenant-General Commanding the Forces remarks on the above defects.—(1) The following sums have been sanctioned for improvements in the lines of the 4th Gurkhas during recent years :—

1/4th

1902-03	R7,036	11	8	(includes sums for re-roofing, etc.)
1903-04	R10,030	0	0	(include R 1,030 granted for followers' huts).
1904-05	R16,050	0	0	
1905-06	R13,356	0	0	

2/4th

1904-05	R 5,000	0	0
1905-06	R 9,144	0	0

(2) Tar concrete floors have been sanctioned.

Dargai.—No defects reported.

Abbottabad.—The following defects have been brought to notice :—(1) Tubercle is still prevalent in the Gurkha Battalions, and a recommendation is made, as in the Sanitary Report for 1902, that the floors be dug up three inches and fresh earth put in its place. (2) The accommodation in the barracks of the Gurkha Battalions should be increased to 50 square feet and 600 feet per man. This increased accommodation was sanctioned by the Government of India in Military Department letter No. 2172-M. W., dated 16th July 1903 in order to check the prevalence of and mortality from tubercle. (3) A recommendation is made that masonry work should be put in below bridges, *e. g.*, below the bridge over the nullah which runs between the bazaar and the 6th Gurkha Hospital and below the bridge over the nullah between the mule lines and the lines of the 2-5th Gurkhas. he fall of wate r there is so high that pucca work is required to prevent the formation of large pools.

TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

The General Officer Commanding the Division says as regards the defects numbered above :—(1) The floors will be dug up and the expenditure charged against A Repairs. (2) A. P. A. estimate will be prepared showing the cost of increasing the accommodation. (3) For some years the drainage requirements have been put forward in the Annual Standing Barrack Committee proceedings, but no funds have been allotted up to date.

The Lieutenant-General Commanding the Forces remarks on the above defects.—(2) 50 square feet and 600 cubic feet are allowed for all sepoys in the Hills, *vide* Military Department letter No. 2979-M. W., dated 1st September 1904. The P. A. estimate can be sent to Government when received. (3) This must be judged of by General Officer Commanding in comparison with other requirements as regards urgency and amount of funds available for minor works.

Hangu.—It is stated that there is no Barrack accommodation for the Infantry detachment there.

The General Officer Commanding the Brigade says that though the matter has been fully reported to the Northern Command nothing has been done,

The Lieutenant-General Commanding the Forces remarks that the General Officer Commanding the Brigade has been requested to submit to the Chief Engineer, Northern Command, his proposals with approximate cost for carrying out any very urgent sanitary works, bearing in mind that the question of the transfer of Samana to the Militia is under consideration.

Miranshah. **Sarwekai.** **Wana.**	No sanitary reports.

WESTERN COMMAND.

Sibi.—No sanitary report.

Ahmedabad.—See Table V.

Baroda.—No defects reported.

Alirajpore.—No sanitary report.

Sirdarpore —No defects reported.

Jaipur.—No sanitary report.

Mhow.—(1) A continuation of the realignment of the main drain is needed. (2) Demolition of insanitary houses in the bazaar and the construction of new roads. (3) The general correction of drainage.

The General Officer Commanding the District says as regard the above defects that application for funds has been made.

The Lieutenant-General Commanding the Forces considers that no action is necessary.

Kamptee.—The only defects are in drainage and insufficient latrine accommodation. These defects are being gradually removed as funds become available.

The Lieutenant-General Commanding the Forces considers that these are local questions.

Aurangabad.—The following defects have been brought to notice :— (1) The river leaves stagnant pools in its bed in the dry weather. (2) The drainage of the Sudder Bazaar is defective. (3) There are several clusters of houses between the Cantonments and Cavalry lines which are insanitary and a source of danger to health. (4) The collections of houses have only quite recently come into cantonment limits. (5) The bazar drainage is defective, the roads in Cantonments are in a very bad state not having been repaired for years, and the dust blowing from them is a grave source of danger to health.

The General Officer Commanding the Brigade says as regards the defects numbered above :— (1) No action, as the remedy is too costly to be considered at present. (2) Improvements will be made as funds become available. (3) The question of the inclusion of this land in Cantonment limits is still pending, but no funds are available. (4) Some improvement may be made if the funds budgetted for are passed.

The Lieutenant-General Commanding the Forces remarks on the above defects :— This station has only recently come under the operations of the Cantonment Act and other Acts usually in force in cantonments, and no action can be taken on any of the defects noted until the budget estimate for 1905-06 is sanctioned by the local Government and the report and proposals from the Cantonment Committee are received for consideration.

Sirur.—The following defects have been brought to notice :— (1) The water supply from the river this year has been defective. In the hot weather deep pools had been dug and the water filtering was collected, on the appearance of cholera a well for drinking purposes was, however, obtained. This arrangement still continues, but it is difficult to be sure that troops will entirely use well water and no river water for drinking. (2) The drains in the town are insanitary. (3) The only drawback of the chief latrines used by the troops is their comparative distance, but this owing to circumstances is at present unavoidable.

The General Officer Commanding the Division says in regard to the above defects :— As this Station will probably be abandoned no money will be sanctioned. The best possible arrangements have been made.

The Lieutenant-General Commanding the Forces remarks that necessary action is being taken as far as possible.

Bombay.—The following defects have been brought to notice :— (1) The native *chawls* behind the married quarters of the Royal Garrison Artillery should be removed, being very insanitary and the foci from which all epidemic diseases begin. (2) The removal of the dirty water of the cook houses and wash houses from pits by *pakhali* bhistie is very insanitary and should be discontinued and connection with the municipal main drain made instead. (3) The conversion of the present intermittent water-supply into a continuous one is needed. (4) The water system should be applied to the barrack latrines as has been done in the hospital. (5) The want of a proper supply of hot water to the hospital. (6) A steam disinfector should be supplied in view of infectious diseases coming from ships and arising also in the station. The want of a proper disinfector is much felt.

The General Officer Commanding the Brigade says as regards the defects numbered above :— (1) An estimate is now before Government for Rs.1,67,711—for reaquiring the ground, demolishing the present buildings and erecting new ones on a sanitary plan. (2) Until a continuous water-supply is sanctioned for Colaba, this is impracticable. (3) An estimate for Rs.1,43,900 is now before Government. (4) Until a continuous water-supply is sanctioned this is impracticable. (5) and (6) Estimates will be prepared when called for.

The Lieutenant-General Commanding the Forces remarks on the above defects :— (1) The Government of India have intimated that this project has been noted for consideration when funds are available. (2), (3) and (4) Rough projects for carrying out these improvements were submitted to the Director General, Military Works, some months ago and are still under consideration. (5) The General Officer Commanding has been asked to enter this in the list of Military Works shortly to be submitted. (6) A Bowman's patent disinfector of the stationary type has been ordered to be supplied to this Hospital and the local authorities have been asked to submit a report as to the working of the apparatus after six month's trial.

Mir Ali Khel.—No sanitary report.

Fort Sandeman.—The construction of dwellings for the *syces* of the Cavalry and followers of the Supply and Transport Corps is needed. There are 200 followers for whom dwellings are required. (2) The construction of a new infectious ward for six patients is needed (3) The covering of the floors with brick is required. (4) The bathrooms should be improved by enclosing them and providing stoves for hot water. (5) More shelves are required around the buildings, although much has been done still a large number is required.

TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY RFPORTS of the most UNHEALTHY STATIONS SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The rations of sickness and mortality will be found in Table XXVIII.

The General Officer Commanding the division says as regards the defects numbered above :— (1) Orders have been received to th effect that regular troops will shortly be withdrawn from Fort Sandeman, so that no more expenditure in providing quarters is to be incurre (2) This question has not been raised before. If the ward is required, the medical authorities should bring it before the Annual Standin Barrack Committee but see note made against (1). (3) *Pucca* floors are not authorised. (4) The requirements of Fort Sandeman have n been included in preparing estimates for these bathing places throughout Baluchistan as troops are to be removed shortly (5) Not sanctione owing to impending withdrawal of troops.

The Lieutenant-General Commanding the Forces remarks on the above defects :— As this station is to be abandoned, no action appea necessary on any of the points referred to.

Kila Saifulla.—No sanitary report.

Loralai.—The present new Cavalry lines are badly designed as the rooms are between animals and they are overcrowded. (2) Th completion of the drainage of the Fort is required. (3) The drainage of the native officers' quarters and of portions of the Cavalry lines nee improvement. (4) An improvement might be made by covering over bathrooms and providing stoves for supplying hot water inside. (5) A improvement is also needed by covering the floors of the lines with brick (6) The provision of wire gauze frames for the protection of a doors and windows.

The General Officer Commanding the Division says as regards the defects numbered above : —(1) In the schedule for 1905-06 two ite were included :—

(*a*) quarters for 76 men, Native Cavalry	Rs.11,500;
(*b*) Stables for 68 horses	„ 6,500 ;

but no provision has been made for them in the preliminary issue of the Budget (2) This was included in the schedule for 1905-06 an was entered in the Divisional Schedule as item 12 but no provision has been made in the Budget. (3) This will be dealt with as a minor work (4) The question is being taken up for all stations in Baluchistan and it is hoped funds may be provided during next year, but it is not in th Budget. (5) The providing of *pucca* floors to lines of Native Troops is not authorised, and if considered necessary, the medical authoriti should make a special representation. (6) All Native Infantry lines and the Infectious disease ward at Loralai were provided with gauze doo and windows in 1903-04.

The Lieutenant-General Commanding the Forces remarks on the above defects.—(1) and (2). No action necessary. (3) A local questio (4) No action necessary. (5) The necessity for providing brick floors at this station more than at any other place is not apparent. (6) N action necessary.

Muscat.
Bagdad.
Khormaksar. } No sanitary reports.

EASTERN COMMAND.

Manipur.—(1) Though the water-supply has been improved by connecting one of the large tanks in the Political Agent's compound wi pipes, yet the quality is below that of a first class potable water especially as regards chlorine and albumenoid ammonia NH_3. A bett quality might have been obtained at greater expense from the hills. (2) There are several small tanks adjacent to the officers' quarters, whic should be filled up, as at present, these serve as breeding grounds for mosquitoes. (3) The raizing of the earthen ramparts to the gener level of the ground would partially remove the natural difficulties connected with the drainage of the sub-soil, and effect more thorough venti ation (4) A cement platform is urgently required around the standpipe in the single men's barracks. (5) The site of the barrack latrines unsuitable. The provision of washable *pucca* cement floors is strongly recommended.

The Officer Commanding the Brigade says as regards the defects numbered above.—(1) No money is available for a new water-supp (2 to 5) There is no money at present to remedy these defects, and no expenditure except of an urgent nature is permitted to be incurred this station.

The Lieutenant-General Commanding the Forces remarks on the above defects :—Nothing can be done at this Station in view of t approaching withdrawal of the garrison.

Allahabad.—(1) The *nullah* near the Sadar bazar requires immediate attention, as at times it is in a very foul state. (2) In the F there is one defective drain due to want of sufficient fall. A portion of the main drain outside the Fort on the east leading to the junction the River Ganges with the Jumna is not *pucca* and cannot be kept clean.

The Officer Commanding the Brigade says as regards the defects numbered above :—(1) An estimate for the proper reconstruction this drain is included in Commanding Royal Engineer's estimate for works next year, and an application has been made for its immediate re construction pending sanction of Commanding Royal Engineer's estimate. (2) The Municipality are taking this question in hand and ar now constructing a *pucca* drain from Kydgunj.

Fyzabad.—(1) In the Native Cavalry lines the men's huts and horse lines are too close to each other. Covered horse lines, other tha verandahs of men's huts, are most desirable. (2) The Native Cavalry Regiments have no hospital of their own. They use the Native Infantr one which is about 2 miles away and is inconvenient for other obvious reasons.

The Officer Commanding the Brigade says as regards the defects numbered above.—(1) It is not proposed to take any action in th matter as the lines are constructed in accordance with authorised pattern. (2) No funds are available.

The Lieutenant-General Commanding the Forces remarks on (2) of the above defects.—The Fyzabad extension scheme is still unde consideration; it will meet the hospital requirements of the Cavalry Regiment.

Dehra Dun.—No defects reported.

Delhi.—The following defects have been brought to notice :—A drain in the Native Infantry lines and a pool at the south-east corner the City wall.

The General Officer Commanding the Division says that the defects are under consideration.

Kohima.—It is said (1) that anopheline mosquitoes abound and that so long as the station is occupied, the measures adopted for th destruction of mosquitoes should be continued and, as far as possible, perfected. (2) The buildings and latrines are in need of repair o renewal.

The Officer Commanding the Brigade says as regards the defects : —There is no money at present to remedy this, and no expend iture, except of an urgent nature is permitted to be incurred at this station.

The Lieutenant-General Commanding the Forces remarks on the above defects.—Nothing can be done at this station in view of th approaching withdrawal of the garrison.

Almora.—The following defects have been brought to notice :—(1) The water supply is very deficient and a pipe supply is urgentl required. (2) The latrines are too far away from Barracks and moveable ones nearer are very necessary. The present is an opportun time for the change, as the existing latrines are old and dilapidated.

TABLE XXX—*concluded.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS SANITARY DEFECTS, IMPROVEMENTS SUGGESTIONS, etc.

The rations of sickness and mortality will be found in Table XXVIII.

The General Officer Commanding the Brigade says as regards the defects numbered above.—(1) This important work was begun at e end of July 1904, but was stopped under the advice of the Commanding Royal Engineer in December, pending the settlement of the uestion of the proposed abandonment of the station. (2) The matter is held in abeyance for the same reason.

The Lieutenant-General Commanding the Forces remarks on the above defects:—As the future of the station is still undecided, xpenditure on the continuation of the water supply is not justifiable. (2) The same remarks as above. Both these questions will be taken p when definite instructions are received.

SECUNDERABAD DIVISION.

Bellary.—No defect reported. The Lieutenant-General Commanding the Division remarks that the Officer Commanding the tation has been asked to take steps to provide a cover for the Artesian well.

Mercar.—No sanitary report.

BURMA DIVISION.

Keng tung.
Fort Stedman. } No sanitary reports.

TABLE XXXI.

INFLUENZA by months, stations, groups, and commands.

TABLE XXXII.

CHOLERA by months, stations, groups, and commands.

STATIONS * AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon	...	...	...	...	5	3	2	5	...	...	...	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	5	3	2	5	...	...	...	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Fort William	...	...	...	...	27	9	1	7	...	...	...	...	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore	...	...	...	...	13	5	1	9	...	...	...	...	28	...	...	...	...	1	...	...	...	...	...	...	...	1
GROUP IV.—BENGAL AND ORISSA	...	...	...	...	40	14	2	16	...	...	...	...	72	...	...	...	...	1	...	...	...	...	...	...	...	1
A																										
Delhi	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala	...	...	...	...	...	...	...	...	...	...	...	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Jhelum	...	...	...	...	...	...	...	...	...	...	...	12	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	...	...	...	...	...	...	...	...	...	2	...	18	20	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Mardan	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera	...	...	...	3	3	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	..	...	...	...
Jatta	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
C																										
Hyderabad	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	...	...	...	3	3	...	...	1	...	...	...	3	10	1	...	...	...	...	...	...	...	...	...	...	...	1
B																										
Kirkee	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Sirur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	3	2	...	...	10
GROUP IX.—DECCAN	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	6	3	2	...	...	11
A																										
Bangalore	...	6	20	4	...	...	...	...	...	...	...	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
GROUP XI.—SOUTHERN INDIA	...	6	20	4	...	...	...	...	...	...	...	...	30	2	...	...	...	...	...	...	...	...	...	...	...	2
Lansdowne	...	...	...	...	...	1	...	...	17	1	...	...	19	...	...	...	...	...	...	...	7	...	...	...	...	7
Simla	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharmsala	...	...	...	5	...	1	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Bakloh	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	7	3	3	3	2	...	...	...	2	2	...	2	24	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS	7	3	3	8	3	2	1	...	19	3	...	2	51	...	...	...	...	...	...	...	7	...	...	...	...	7

* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios see Table XXVIII.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Marching in Northern Command . .	...	...	...	...	...	...	...	...	...	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Sikkim-Tibet Mission Force .	...	...	2	...	7	2	2	3	...	..	...	...	16	...	...	...	...	...	...	2	...	...	...	...	...	2
INDIA .	7	9	25	15	58	21	7	25	19	5	4	23	218	3	...	...	...	1	1	...	15	3	2	...	...	25
ORTHERN COMMAND . .	...	...	...	8	4	1	1	...	...	2	4	20	40	1	...	...	...	...	...	...	...	...	...	...	...	1
WESTERN " .	7	3	3	3	2	...	...	1	2	2	...	2	25	...	...	...	...	...	...	6	3	2	...	...	...	11
ASTERN " .	...	...	...	...	40	15	2	16	17	1	...	1	92	...	...	...	...	1	...	...	7	...	...	...	...	8
ECUNDERABAD DIVISION .	...	6	20	4	...	...	...	...	...	...	...	...	30	2	...	...	...	...	...	...	...	...	...	...	...	2
URMA DIVISION . .	...	...	...	...	5	3	2	5	...	...	...	...	15	...	...	...	...	...	1	...	...	...	...	...	...	1

L

TABLE XXXIII.

ENTERIC FEVER by months, stations, groups, and commands.

ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.

STATIONS* AND GROUPS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	...	...	...	...
Manipur	...	...	2	...	...	...	...	...	...	...	...	...	2
GROUP III.—ASSAM	...	...	2	...	...	...	...	...	...	...	...	...	2
Fort William	...	...	...	...	...	...	1	...	...	...	...	...	1
Alipore	...	...	...	...	...	...	...	...	1	...	...	...	1
GROUP IV.—BENGAL AND ORISSA	...	...	...	...	...	...	1	...	1	...	...	...	2
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	1	...	1
Benares	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	...	...	...	...	...	1	...	...	...	1	...	2
A													
Dehra Dun	...	1	1	...	...	...	...	...	1	...	...	...	3
Ambala	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Jullundur	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	...	...	1	1	...	...	...	...	...	...	...	...	2
Mian Mir	...	...	...	...	1	...	...	...	...	...	...	...	1
Sialkot	...	...	...	...	...	1	.	...	1	...	1	2	5
Rawalpindi	...	...	...	...	...	2	...	...	...	...	...	...	2
Attock	...	...	...	...	...	...	...	...	1	...	...	...	1
GROUP VI.—UPPER SUB-HIMALAYA	...	1	2	1	1	3	...	...	3	...	1	2	14
A													
Mardan	...	...	...	...	1	...	...	...	...	...	...	...	1
Nowshera	...	...	...	...	1	...	1	1	...	...	...	...	3
Peshawar	...	...	...	...	1	3	...	1	1	...	...	...	6
Kohat	...	...	...	...	...	...	1	...	1	...	...	...	2
Jatta	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ghazi Khan	...	...	...	1	...	...	...	...	...	...	...	...	1
Mulltan	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	...	...	...	1	3	3	2	2	2	...	...	...	13
A													
Deesa	...	...	...	...	...	...	...	...	...	...	1	...	1
Baroda	...	...	1	...	...	...	...	1	1	...	...	...	3
B													
Sirdarpore	...	...	...	...	...	...	...	...	...	...	...	...	...
Kherwara	...	...	...	...	...	...	...	...	...	...	...	...	...
Deoli	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	...	...	...	1	...	...	...	...	...	...	1	...	2
Nowgong	1	...	...	1	...	...	...	...	1	...	1	...	4
Sehore	...	...	...	...	...	...	1	...	...	...	...	...	1
Mhow	...	...	...	...	...	...	...	...	...	...	...	1	1
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	1	...	1	2	...	...	1	1	2	...	3	1	12

TABLE XXXIV.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands

ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.

STATIONS* AND GROUPS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	...	...	...	...	...	...	...	...	...	...	...	2	2
Rangoon	1	2	...	3	...	...	1	2	...	...	3	11	23
GROUP I.—BURMA COAST AND BAY ISLANDS	1	2	...	3	...	...	1	2	...	...	3	13	25
Fort Dufferin	...	...	...	...	...	2	...	...	...	...	...	...	2
GROUP II.—BURMA INLAND	...	...	...	...	...	2	...	...	...	...	...	...	2
Manipur	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort William	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares	...	...	...	6	5	1	1	...	...	...	...	...	13
Fyzabad	...	...	...	...	...	...	...	...	...	47	18	...	65
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	...	...	6	5	1	1	...	...	47	18	...	78
A													
Dehra Dun	...	...	...	...	...	1	...	...	...	...	...		1
Ambala	...	...	...	...	...	...	1	...	...	...	...	...	1
B													
Jullundur	...	...	...	...	...	...	...	...	...	...	5	2	7
Ferozepore	...	...	...	...	...	...	...	...	...	.	...	...	...
Mian Mir	...	...	...	...	...	...	...	...	...	.	...	...	...
Sialkot	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	...	...	...	...	...	1	1	...	...	...	5	2	9
A													
Mardan	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera	...	...	...	...	1	...	...	...	...	...	...	3	4
Peshawar	...	...	...		...	1	...	...	...	...	...	...	1
Kohat	...	...	...	...	...	2	...	...	...	...	...	...	2
Jatta	...	1	...	...	...	...	...	...	...	...	...	...	1
Dera Ghazi Khan	...	...	...	...	...	...	...	...	...	...	...	...	...
Mulltan	...	...	1	...	2	1	2	1	3	...	...	...	10
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	...	1	1	...	3	4	2	1	3	...	...	3	18
A													
Deesa	...	...	...	...	...	...	...	...	...	...	...	1	1
Baroda	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Sirdarpore	...	...	...	...	1	...	...	...	...	...	...	...	1
Kherwara	...	...	...	...	...	...	...	1	...	...	...	...	1
Deoli	...	...	...	...	...	1	...	...	...	...	...	...	1
Jhansi	...	...	...	...	...	3	4	2	4	9	...	9	31
Nowgong	...	...	...	...	...	...	...	...	...	3	4	...	7
Sehore	...	...	...	...	3	6	2	...	...	...	...	...	11
Mhow	...	...	...	...	...	...	9	4	...	...	...	...	13
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	...	...	4	10	15	7	4	12	4	10	66

Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios see Table XXVIII.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Asirgarh	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Saugor	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	4	6	4	2	...	...	21
Kamptee	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	..	...	...	...	...	...	...	2
B																										
Aurangabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Ahmednagar	...	...	...	...		..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	4
Bolarum	...	1	...	...	...	...	...	...	...	..	...	...	1	...	...	1	...	...	1	5	13	19	29	15	10	93
Secunderabad	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	2	...	2	1	1	3	3	...	1	17
Belgam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	4	6	9	7	9	36
Satara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	2	...	1	...	...	...	6
Poona	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	3	...	...	1	...	...	6
Kirkee	...	...	1	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	1	1	...	...	...	...	...	...	...	...	1	3	3	4	1	4	5	7	15	24	33	46	23	22	187
Bombay	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Cannanore	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	1	10	2	...	2	...	1	...	20
Trivandrum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	1	11	3	...	2	...	1	...	23
A																										
Bellary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Bangalore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	2	7	6	9	27
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	3	...	1	3	...	1	1	1	12
Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	1	...	2	1	2	1	10
C																										
Vizianagram	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	4	1	1	3	14
GROUP XI.—SOUTHERN INDIA	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	4	1	4	8	8	10	10	14	64
Shillong	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	..	...
Almora	...	...	...	...	..	...	...	..	...	...	...	...		...	...	1	...	2	3	3	1	...	3	...	...	13
Lansdowne	...	...	...	...	1	2	..	1	1	1	...	..	6	...	...	...	...	1	...	...	...	1	...	...	...	2
Kalabagh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Chitral	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	24	3	...	...	...	...	...	44
Kila Drosh	...	...	...	...	...	..	...	...	...	...	1	...	1	...	...	...	5	20	65	38	15	16	5	1	1	166
Malakand	...	...	...	...	...	1		...	...	...	...	...	1	...	...	...	...	...	...	..	...	...	...	...	...	...
Abbottabad	...	...	...	...	...	...	1	...	1	1	1	...	4	...	...	...	...	...	...	..	...	...	...	...	...	...
Cherat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2
Miran Shah	2	...	...	...	...	..	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Sandeman	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	2
Quetta	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	10	4	2	...	2	...	...	...	19
Mount Abu	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Mercara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
GROUP XII.—HILL STATIONS	2	...	...	...	1	4	1	1	3	2	2	2	18	1	.	1	6	50	96	47	17	20	12	1	1	252
Marching in Northern Command	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	12	...	...	...	...	...	24
" Western "	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	1	1	...	...	...	3	4	2	2	13
" Eastern "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	35	27	62
" Secunderabad Division	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3
Sikkim-Tibet Mission Force	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA. (*a*) In the Indian Command.																										
Jask	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	2
Bushire	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
INDIA	3	2	6	4	5	10	6	5	12	4	7	6	70	11	11	5	20	73	145	101	59	73	131	103	97	829
NORTHERN COMMAND	2	...	1	2	4	7	3	2	5	1	3	2	32	...	1	1	5	40	105	57	16	20	7	6	6	264
WESTERN "	1	...	2	2	...	1	1	1	3	2	3	2	18	3	3	1	3	20	18	26	18	20	32	15	23	182
EASTERN "	...	1	3	...	1	2	2	1	3	1	1	2	17	...	...	1	6	8	5	4	1	1	50	53	27	156
SECUNDERABAD DIVISION	...	1	..	...	...	...	...	...	...	...	...	...	1	7	5	2	3	5	15	13	22	32	42	26	28	200
BURMA "	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	3	...	2	1	2	...	...	3	13	27

TABLE XXXV.

INTERMITTENT FEVER by months, stations, groups, and commands.

TABLE XXXVI.

REMITTENT FEVER by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	..	2	...	2	11	6	2	3	4	1	1	32	...	...	...	1	...	...	1	...	...	...	1	...	3
Rangoon	84	38	25	22	16	19	2	24	26	18	12	2	288	...	...	...	...	...	...	...	...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands	84	38	27	22	18	30	8	26	29	22	13	3	320	...	...	...	1	...	...	1	...	...	...	1	...	3
Thayetmyo	2	2	...	...	...	3	21	11	7	1	1	1	49	...	...	...	...	...	...	...	...	...	...	...	...	...
Keng Tung	21	10	4	4	6	4	14	9	7	7	5	3	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Stedman	3	3	1	...	6	1	9	5	1	3	7	12	51	...	...	2	1	...	...	...	...	...	...	...	...	3
Meiktila	2	...	1	1	4	6	10	13	4	12	25	22	100	...	...	...	...	...	...	...	...	...	...	4	...	4
Fort Dufferin	17	12	9	13	20	23	29	39	39	42	32	27	302	...	2	...	2	...	...	...	...	...	...	1	2	7
Bhamo	6	2	8	4	4	13	16	20	13	7	17	18	128	1	...	...	...	...	1	...	1	...	1	...	1	5
Group II.—Burma Inland	51	29	23	22	40	50	99	97	71	72	87	83	724	1	2	2	3	...	1	...	1	...	1	5	3	19
Manipur	13	5	3	1	6	3	3	4	10	5	17	12	82	...	...	1	1	1	4	2	1	2	...	2	1	15
Sadiya	...	2	1	...	...	2	...	4	2	5	3	2	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	6	3	...	...	1	3	4	10	13	30	8	6	84	...	...	...	...	1	...	...	...	...	...	...	...	1
Silchar	1	...	...	...	...	...	...	...	...	...	...	.	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Group III.—Assam	20	10	4	1	7	8	7	18	25	40	28	20	188	...	...	1	1	2	4	2	1	2	...	2	1	16
Fort William	10	10	3	10	9	5	15	8	6	9	...	4	89	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore	12	14	4	3	8	18	17	17	13	34	88	99	327	...	...	...	...	...	...	...	1	...	...	1	...	2
Barrackpore	1	5	7	8	12	11	19	45	39	56	73	56	332	1	...	...	...	...	...	...	3	...	...	2	...	6
Buxa	...	...	...	7	...	2	2	2	5	4	5	...	27	...	...	...	...	...	2	..	...	...	...	1	...	3
Cuttack	4	...	3	2	2	...	3	1	...	1	7	6	29	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	27	29	17	30	31	36	56	73	63	104	173	165	804	1	...	...	...	...	2	...	4	...	...	4	...	11
A																										
Doranda (Ranchi)	6	2	2	2	2	5	21	32	25	22	18	5	142	...	...	1	1	1	...	4	...	...	...	...	...	7
B																										
Dinapore	4	3	4	32	36	22	43	10	14	39	11	10	228	1	...	...	3	...	7	4	1	2	2	5	...	25
Benares	3	2	...	16	2	2	...	2	11	16	15	1	70	...	...	...	...	...	1	...	...	...	...	...	...	1
Allahabad	7	4	6	4	9	8	10	13	79	54	34	11	239	...	1	...	...	...	...	...	1	...	...	...	...	2
Fyzabad	4	6	3	10	10	8	5	7	38	27	23	4	145	...	2	...	...	...	...	...	...	...	1	...	...	2
Lucknow	3	4	2	5	5	2	2	7	9	27	11	3	80	...	...	...	1	...	...	...	...	...	...	...	...	2
Cawnpore	3	...	...	1	3	2	4	7	8	39	32	6	105	2	1	...	...	...	...	...	...	...	...	...	...	3
Fatehgarh	...	...	1	3	4	1	2	2	18	2	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur.	30	21	18	73	71	50	87	80	202	226	144	40	1,042	3	4	1	5	1	8	8	2	2	3	5	...	42
A																										
Bareilly	5	4	9	7	4	9	2	8	38	27	22	11	146	1	1	...	...	...	...	...	...	...	...	...	...	2
Roorkee	2	5	1	2	5	9	4	8	40	47	8	3	134	...	3	...	...	...	...	...	1	...	...	...	...	4
Dehra Dun	18	16	17	18	23	16	46	43	51	60	23	28	359	...	...	...	...	...	...	1	1	...	2	...	1	5
Meerut	3	3	4	11	15	5	2	6	14	15	20	9	107	...	1	3	...	1	...	...	...	1	1	1	...	8
Delhi	4	5	5	7	4	5	7	30	56	29	15	10	177	1	...	...	...	...	...	2	...	2	1	...	...	6
Ambala	3	3	1	5	5	6	7	11	27	117	42	10	237	1	1	1	1	1	2	...	...	...	...	...	...	7
B																										
Jullundur	12	6	1	7	12	6	4	13	9	21	18	4	113	...	1	...	1	...	...	...	...	1	...	...	...	3
Ferozepore	25	15	15	13	11	30	23	18	21	11	15	16	213	...	1	...	1	1	6	2	...	2	2	2	...	17
Mian Mir	25	15	8	3	19	18	12	19	13	30	15	9	186	...	...	...	...	...	...	...	...	1	...	...	2	3
Amritsar	2	...	...	...	5	...	...	3	...	1	...	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	24	21	11	14	17	23	17	54	53	42	30	24	330	...	...	...	...	...	1	...	...	...	...	...	2	3
Jhelum	15	8	9	6	8	15	11	26	26	48	22	11	205	...	1	...	...	1	...	...	...	...	...	...	...	2
Rawalpindi	16	18	14	13	41	19	17	16	66	32	20	17	289	...	...	...	...	1	3	3	...	...	...	1	...	8
Attock	...	...	...	...	...	...	...	3	1	...	3	...	7	...	...	...	...	...	...	...	1	...	...	...	...	1
Group VI.—Upper Sub-Himalaya	154	119	95	106	169	161	152	258	415	480	253	153	2,515	3	9	4	3	5	12	8	3	7	6	4	5	69

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* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table XXVIII.

Stations and Groups.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Mardan	5	4	1	6	7	4	1	17	47	63	78	42	275	...	1	1	1	3	8	...	...	...	...	...	...	14
Nowshera	35	24	36	38	43	41	43	51	38	64	122	60	595	...	1	...	1	7	4	3	2	2	...	2	12	34
Peshawar	7	16	12	48	82	54	19	30	59	68	40	20	455	1	...	...	...	2	1	4	2	1	2	1	...	14
Fort Jamrud	...	2	2	4	6	1	...	4	4	6	2	4	35	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat	39	16	19	20	54	60	68	62	106	169	178	87	878	...	...	...	3	2	7	4	...	1	...	...	2	19
Thal	...	2	5	1	7	10	12	9	11	12	23	11	103	...	...	...	...	...	3	...	...	...	...	...	...	3
Edwardesabad	63	49	41	47	53	45	27	25	57	118	111	51	687	...	1	...	1	4	12	5	6	3	1	2	2	37
Dera Ismail Khan	82	58	29	39	105	58	33	63	33	117	90	59	766	2	3	5	2	28	13	6	2	7	16	2	2	88
Tank	5	1	1	4	1	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Jatta	...	...	...	1	4	4	1	...	...	4	8	3	25	...	...	...	...	...	1	...	...	...	...	...	1	2
Drazand	2	6	4	2	5	...	1	5	2	6	13	12	58	...	...	...	...	...	...	...	...	...	...	1	...	1
Nili Kach	...	1	2	3	10	4	1	2	1	7	...	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Zam	1	...	...	...	2	1	1	1	1	2	11	2	22	...	...	...	...	1	...	1	...	..	...	1	...	3
Dera Ghazi Khan	26	4	1	...	...	...	2	...	...	6	20	17	76	...	...	1	...	...	...	...	...	1	1	...	...	3
Multan	35	23	8	5	12	10	7	6	14	21	16	5	162	...	...	...	...	...	...	...	1	...	...	...	...	1
B																										
Jandola	2	5	1	1	7	10	4	9	4	5	3	3	54	1	...	...	...	1	...	2	5	2	...	1	...	12
Kajuri Kach	7	2	2	...	14	6	4	...	2	1	...	...	38	...	...	...	...	...	...	1	...	1	...	...	...	2
Sibi	4	2	2	3	1	...	...	...	1	4	5	20	42	...	...	...	1	...	...	...	...	...	...	...	...	1
C																										
acobabad	4	3	2	2	4	3	1	...	9	33	24	10	95	1	1	1	...	2	...	...	...	1	...	1	...	7
Hyderabad	8	4	17	9	6	6	6	1	6	9	10	14	96	...	1	...	...	...	...	...	...	...	...	...	...	1
Kurrachee	15	7	5	13	22	14	11	3	4	5	8	8	115	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	340	229	190	246	445	331	242	283	399	720	762	428	4,620	5	8	8	9	50	49	26	18	19	20	11	19	242
A																										
Bhuj	53	33	19	9	10	14	12	11	13	6	15	15	210	...	...	...	...	...	...	...	...	...	...	...	..	...
Rajkot	9	6	3	7	7	7	9	10	19	19	8	13	117	...	...	...	...	...	...	...	...	...	...	...	...	...
Deesa	55	22	38	31	40	17	5	41	26	40	16	25	356	1	...	...	...	...	...	...	...	...	...	...	...	1
Ahmedabad	55	48	44	39	35	36	36	53	70	64	87	85	652	...	...	...	1	...	...	...	...	...	...	...	...	1
Baroda	23	23	13	10	5	3	3	6	6	9	17	9	127	...	...	...	..	...	...	...	...	1	...	...	...	1
B																										
Alirajpore	1	...	...	1	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	1
irdarpore	1	6	4	3	5	3	...	7	2	3	3	3	40	...	...		1	...	...	...	...	...	...	...	...	1
habwa	...	...	...	...	...	2	1	1	...	2	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Kherwara	3	10	3	1	...	...	2	5	2	2	4	1	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Kotra	...	2	3	1	2	...	1	...	2	6	3	...	20	...	...	...	...	...	...	...	...	...	...	1	...	1
Udaipur	...	...	1	...	...	...	...	...	...	1	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	1
Todgarh	...	...	...	...	...	...	...	...	...	4	1	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura	8	12	4	4	3	2	1	3	7	7	5	9	65	...	...	...	...	1	...	1	...	...	1	...	...	3
Neemuch	47	23	19	12	8	2	5	12	24	39	40	7	238	...	...	...	...	...	...	...	...	...	...	...	...	...
Deoli	...	4	2	...	3	2	...	6	10	22	14	3	66	...	...	...	...	...	...	...	...	...	...	...	...	...
Beawar	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	10	4	3	8	6	8	4	4	12	8	9	8	84	...	...	1	...	...	...	...	1	...	...	...	1	3
jmer	8	5	3	1	...	...	2	3	2	8	6	8	46	...	...	...	...	...	...	...	...	...	...	...	...	...
aipur	...	1	1	1	...	...	1	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	4	3	5	3	2	1	4	4	9	6	11	3	55	1	...	...	...	...	...	...	...	...	...	...	2	3
hansi	2	8	5	4	1	8	4	6	13	19	28	55	153	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	1	5	14	15	12	9	18	7	23	15	10	3	132	2	...	...	...	...	...	...	...	...	1	2	...	5
Goona	1	1	3	1	...	...	2	...	2	5	...	1	16	...	...	...	...	...	...	...		..	...	...	...	...
Agar	...	1	...	...	...	1	1	...	1	6	22	5	37	...	1	...	...	...	1	...	...		...	...	...	2
ehore	9	5	4	3	8	8	25	14	18	19	4	...	117	...	1	...	...	2	1	...	...	..		...	..	6
ndore	...	...	1	3	...	...	5	...	1	...	...	...	10	...	2	...	...	...	...	...	...	...	...	...	...	2
Mhow	5	7	18	10	22	23	14	10	8	6	6	13	142	...	...	...	...	...	...	...	...	...	...	...	...	...
roup VIII.—South-Eastern Rajputana, Central India, and Gujarat.	296	229	210	167	169	146	155	203	270	316	309	267	2,737	5	5	1	2	3	2	1	1	1	4	3	3	31

TABLE XXXV—*continued.*

INTERMITTENT FEVER by months, stations, groups, and commands.

Stations and Groups.	Admissions from Intermittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Asirgarh	3	1	...	...	...	...	...	...	...	1	...	...	5
Saugor	11	7	6	10	11	1	1	3	7	4	16	6	83
Sutna	...	1	...	...	1	1	...	...	...	...	2	1	6
Jubbulpore	8	7	16	10	14	9	25	30	1	6	5	2	133
Kamptee	7	8	8	8	10	5	5	18	12	11	6	12	110
Sitabaldi	...	...	...	...	1	2	7	9	3	4	6	6	38
B													
Ellichpur	1	3	5	5	2	...	...	2	3	6	1	2	30
Aurangabad	17	12	17	28	22	41	57	33	28	28	58	44	385
Ahmednagar	8	6	3	3	3	3	3	3	1	13	3	...	49
Bolarum	14	19	12	8	3	6	1	...	...	1	12	2	78
Secunderabad	17	15	9	25	19	13	16	11	16	16	13	16	186
Belgam	3	2	2	3	6	6	3	7	...	4	4	7	47
Satara	8	9	22	3	11	6	12	10	4	1	4	3	93
Poona	20	16	7	9	19	9	17	5	11	21	17	26	177
Kirkee	35	35	43	18	18	22	33	32	24	29	43	17	349
Sirur	3	...	2	...	1	...	1	1	2	1	...	4	15
Group IX.—Deccan	155	141	152	130	141	124	181	164	112	146	190	148	1,784
Bombay	24	25	31	21	26	27	35	41	27	17	26	23	323
Vakola	...	...	...	...	8	4	11	6	7	9	10	10	65
Cannanore	4	2	...	...	...	...	...	...	1	...	2	8	17
Trivandrum	...	...	...	1	1	1	...	...	...	...	...	...	3
Group X.—Western Coast	28	27	31	22	35	32	46	47	35	26	38	41	408
A													
Bellary	20	13	7	13	4	13	12	14	14	6	24	69	209
Bangalore	48	34	16	26	45	48	21	13	13	28	26	20	338
B													
Trichinopoly	4	...	1	...	...	...	...	...	...	...	1	...	6
Pallavaram	1	3	1	...	...	1	...	...	...	...	...	...	6
St. Thomas' Mount	4	7	2	3	6	1	3	7	6	25	20	8	92
Madras	3	6	1	1	2	1	...	5	3	3	5	4	34
C													
Vizianagram	3	2	...	...	1	...	...	...	1	...	...	...	7
Group XI.—Southern India	83	65	28	43	58	64	36	39	37	62	76	101	692
Maymyo	2	4	10	5	6	6	4	8	7	7	11	24	94
Kohima	10	5	1	7	8	3	10	10	4	7	6	10	81
Shillong	10	13	13	21	20	29	42	33	30	30	44	15	300
Gantak	...	...	...	...	...	...	...	...	...	...	...	2	2
Almora	7	3	1	5	1	1	2	5	7	11	4	8	55
Naini Tal	...	...	...	...	1	1	3	...	1	...	...	...	6
Lansdowne	20	7	9	18	30	53	51	42	36	29	26	28	349
Simla	...	...	...	7	...	1	4	2	2	...	...	2	18
Jutogh	...	...	...	1	...	...	...	...	1	...	...	...	2
Dharmsala	5	7	7	6	15	33	7	6	12	5	2	6	111
Bakloh	7	4	1	7	2	4	16	38	38	32	4	20	173
Murree	...	...	...	...	...	...	2	1	1	1	...	...	5
Khyragully	...	...	...	1	3	1	1	1	...	...	...	...	7
Baragully	...	...	...	...	...	4	3	1	...	...	...	...	8
Kalabagh	...	...	...	..	1	5	4	2	6	...	...	...	18
Chitral	2	3	2	...	8	1	...	2	2	3	...	...	23
Kila Drosh	4	2	1	...	1	1	2	1	8	36	14	4	74
Malakand	4	3	6	4	7	12	20	9	10	7	...	2	84
Dargai	...	...	1	1	...	3	...	...	...	...	...	...	5
Chakdara	...	2	1	3	...	7	...	2	6	...	1	...	22
Abbotabad	2	14	30	25	37	74	249	177	180	110	70	81	1,076
Cherat	...	...	...	...	1	...	...	...	5	...	...	2	8
Fort Lockhart	1	...	...	1	...	5	8	9	34	1	13	5	77
Hangu	2	1	1	3	2	2	...	1	2	...	2	1	17

TABLE XXXVI—*continued*

REMITTENT FEVER by months, stations, groups, and commands.

Stations and Groups.	Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Asirgarh	...	...	...	...	...	...	...	...	...	..	...	...	...
Saugor	1	...	3	1	1	...	1	4	4	3	...	...	18
Sutna	...	...	...	...	...	...	...	...	...	1	...	...	1
Jubbulpore	...	...	...	1	2	2	4	1	...	...	...	...	10
Kamptee	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Ellichpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Aurangabad	..	...	...	...	...	...	...	...	...	...	1	...	1
Ahmednagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolarum	1	2	...	2	6	...	...	...	...	...	1	1	13
Secunderabad	...	...	...	1	...	1	...	1	1	..	4	...	8
Belgam	...	...	...	1	...	...	...	...	...	...	...	...	1
Satara	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	1	1	1	...	...	...	...	1	...	2	1	...	7
Kirkee	2	...	...	...	1	...	...	1	..	...	1	1	6
Sirur	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	5	3	4	6	10	3	5	8	5	6	8	2	65
Bombay	...	1	...	...	1	...	...	1	...	...	...	...	3
Vakola	...	...	...	...	3	1	...	...	...	...	...	...	4
Cannanore	...	...	3	...	...	...	...	...	...	...	...	...	3
Trivandrum	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	...	1	3	...	4	1	...	1	...	...	...	...	10
A													
Bellary	2	...	1	...	...	...	...	...	...	...	...	...	3
Bangalore	..	...	...	...	...	...	...	...	1	1	1	...	3
B													
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...
Pallavaram	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Vizianagram	...	...	...	...	...	...	...	...	...	...	...	..	...
Group XI.—Southern India	2	...	1	...	...	...	...	...	1	1	1	...	6
Maymyo	...	...	...	1	...	...	1	...	2	...	...	1	5
Kohima	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong	...	...	...	...	...	...	...	...	1	...	...	...	1
Gantak	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	...	...	...	...	2	...	...	...	5	...	5	...	12
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...
Lansdowne	1	...	...	1	2	...	...	5	11	2	3	1	26
Simla	...	...	...	1	...	1	...	1	...	...	...	...	3
Jutogh	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharmsala	3	1	1	2	2	1	3	1	1	...	...	...	15
Bakloh	...	...	1	...	2	1	11	8	4	3	1	2	33
Murree	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	...	...	...	1	...	...	...	...	...	...	...	...	1
Baragully	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	...	...	...	...	...	...	...	...	...
Chitral	...	...	...	...	1	...	...	...	...	...	1	...	2
Kila Drosh	...	...	...	...	1	...	1	...	...	...	...	..	2
Malakand	...	..	...	...	...	1	1	...	...	...	...	..	2
Dargai	...	...	...	...	...	...	...	...	...	...	...	..	...
Chakdara	...	1	2	1	...	1	2	...	...	1	...	...	8
Abbotabad	1	3	1	1	3	...	1	2	4	...	...	...	16
Cherat	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lockhart	...	...	...	...	1	1	1	...	...	...	1	...	4
Hangu	...	1	...	...	...	..	...	...	...	...	..	..	3

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
iran Shah	13	10	...	6	6	28	55	65	51	1	...	...	235	1	...	...	...	...	...	1	...	...	...	...	...	2
arwekai	23	20	9	...	...	...	...	...	...	...	...	...	52	1	1	1	...	...	...	...	...	...	...	...	...	3
Vana	5	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
ir Ali Khel	2	2	...	3	17	27	35	47	24	19	7	3	186	...	...	1	1	...	...	...	...	...	1	...	...	3
ort Sandeman	7	8	5	8	4	18	37	33	103	67	29	8	327	...	...	...	2	5	3	2	2	4	10	3	3	34
indubagh	...	...	...	...	...	2	2	2	2	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
usa Khel	1	1	1	1	1	4	1	2	2	2	1	2	19	...	...	...	...	...	...	1	...	...	...	...	...	1
han Mohamed Kot	5	4	3	3	2	2	4	5	7	5	3	2	45	...	...	...	...	1	...	...	...	...	...	...	...	1
ila Saitulla	...	1	...	...	...	...	...	...	...	1	..	...	2	...	...	...	...	...	...	1	7	7	2	1	...	18
urgha	...	...	1	...	...	1	1	6	7	3	...	2	21	...	...	...	...	...	...	1	...	...	...	...	...	1
oralai	9	10	7	4	4	3	20	35	65	36	17	13	223	...	1	...	...	2	..	...	...	...	1	...	...	4
umbaz	2	1	2	...	5	2	...	1	1	1	1	1	17	...	...	...	...	...	...	...	...	1	..	...	...	1
uetta	35	22	36	41	58	73	57	57	88	78	60	63	668	...	...	...	...	...	1	...	...	...	...	...	...	1
eshin	...	...	...	...	...	1	...	1	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
helabagh	...	...	...	2	...	1	2	2	10	2	1	...	20	...	...	...	...	...	...	...	2	...	...	...	...	2
pinwana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	1	...	...	...	...	..	1
haman	2	2	1	2	1	1	8	10	26	13	4	10	80	2	1	...	1	...	...	4	7	1	1	...	3	20
ount Abu	1	...	...	...	...	2	2	2	1	5	4	1	18	...	...	...	...	...	...	...	...	...	...	...	...	...
otacamund	...	1	...	...	..	...	...	...	...	...	...	...	1	...	...	...	...	...	..	...	...	...	...	...	...	...
ercara	10	2	5	10	5	4	5	2	...	2	...	...	45	...	1	...	...	...	...	...	...	...	...	...	...	1
ROUP XII.—HILL STATIONS	218	152	154	195	246	415	657	620	779	514	325	315	4,590	9	10	7	12	22	10	32	35	41	23	15	10	226
arching in Northern Command	6	10	3	6	5	15	6	10	19	139	70	37	326	...	2	...	...	1	10	...	...	18	...	37	3	71
arching in Western Command	17	9	20	12	6	8	9	6	5	41	28	18	179	1	3	...	...	...	2	...	...	...	...	2	1	9
arching in Eastern Command	7	7	4	...	...	...	...	...	...	18	47	33	116	...	...	...	...	...	...	...	...	...	...	...	1	1
arching in Secunderabad Division	1	...	...	1	1	...	...	...	...	...	3	9	15	...	...	...	...	...	...	...	...	...	...	...	1	1
arching in Burma Division	6	1	7	...	...	...	...	...	...	1	17	2	34	1	2	...	...	...	...	...	...	...	...	2	...	5
kkim-Tibet Mission Force	53	46	83	73	88	57	93	83	63	28	4	2	673	...	...	1	...	1	1	8	22	8	2	...	1	44
EXTRA INDIA.																										
) IN THE INDIAN COMMAND :—																										
habbar	...	...	...	1	...	1	...	5	9	3	3	2	24	...	...	...	1	1	...	...	...	...	1	...	...	3
sk	1	2	...	...	...	2	...	...	1	...	...	2	8	...	...	...	...	...	...	...	...	...	...	...	..	...
uscat	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
ushire	...	3	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
den	22	15	19	61	94	89	49	27	61	24	63	63	587	...	...	...	1	...	...	...	...	...	..	...	...	1
hormaksar	3	...	...	14	13	4	2	3	3	2	2	5	51	...	...	...	...	...	...	...	...	...	...	...	...	...
erim	1	...	...	...	1	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
den Column Field Force	47	85	158	158	72	79	70	70	72	132	180	80	1,203	...	...	...	2	...	...	...	...	...	...	...	...	2
b) NOT IN THE IN-AN COMMAND:—																										
auritius	41	37	35	34	64	33	23	25	15	10	9	18	344	...	...	...	...	1	4	6	1	1	2	3	...	18
ngapore	10	4	11	13	7	2	9	6	8	8	5	2	85	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	1,701	1,308	1,289	1,430	1,781	1,737	1,987	2,149	2,693	3,134	2,829	2,039	24,077	36	49	33	46	101	109	97	97	105	69	103	50	895
ORTHERN COMMAND	532	375	285	351	618	621	692	774	972	1,306	1,056	628	8,210	11	19	14	17	63	77	52	31	49	28	53	28	442
ESTERN, COMMAND	578	451	483	456	557	545	608	646	823	812	770	674	7,403	12	14	7	12	22	11	16	27	19	26	13	9	188
STERN COMMAND	167	131	108	203	222	226	323	360	576	649	570	385	3,920	8	9	5	7	8	14	13	14	24	9	20	6	137
CUNDERABAD DIVISION	130	107	59	93	89	88	58	54	57	87	107	138	1,067	3	3	4	3	6	1	...	1	2	1	6	2	32
RMA DIVISION	143	72	67	49	64	86	111	131	107	102	128	112	1,172	2	4	2	5	...	1	2	1	2	1	8	4	32

NATIVE TROOPS, 1904.

TABLE XXXVII.

PNEUMONIA by months, stations, groups, and commands.

TABLE XXXVIII.

DYSENTERY by months, stations, groups, an commands.

Stations* and Groups.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	1	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	10	1	12
Rangoon	...	...	1	...	...	...	...	...	...	...	...	...	1	2	2	1	5	...	4	5	5	4	12	21	7	68
Group I.—Burma Coast and Bay Islands	1	...	1	...	...	...	...	...	...	...	...	...	2	2	2	1	5	..	4	5	5	5	12	31	8	80
Thayetmyo	...	...	1	...	...	...	...	2	...	...	...	...	3	...	...	...	...	...	...	1	1	2	...	...	...	4
Keng Tung	1	3	...	...	...	1	...	...	...	.	...	1	6	...	...	...	...	2	1	3	1	...	...	1	...	8
Fort Stedman	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	1
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	1	...	1	1	1	8
Fort Dufferin	...	2	...	...	1	...	...	1	...	...	...	...	4	1	1	1	6	7	1	2	1	1	1	8	5	35
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	...	...	2	16	6	10	9	6	1	3	62
Group II.—Burma Inland	1	5	1	...	1	1	...	3	...	...	...	1	13	6	5	1	6	15	18	13	14	12	8	11	9	118
Manipur	1	1	4	2	...	...	...	...	...	1	2	...	11	...	...	1	...	2	7	...	2	...	2	...	...	14
Sadiya	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	...	1	...	...	2	2	9
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	6	...	...	3	9	7	2	29
Group III.—Assam	1	1	4	2	...	...	...	...	..	1	2	..	11	...	...	3	...	5	14	...	3	3	11	9	4	52
Fort William	...	1	...	...	...	...	...	...	...	..	...	...	1	1	5	4	8	3	1	2	2	...	2	...	...	28
Alipore	2	...	...	1	...	1	...	...	1	1	...	...	6	2	5	3	5	1	1	2	1	1	...	...	4	25
Barrackpore	1	...	...	...	...	...	...	...	...	...		...	1	3	2	6	5	7	7	5	14	5	4	4	7	69
Buxa	...	...	1	1	1	2	...	...	...	...	...	...	5	2	1	...	1	8	2	1	1	4	3	2	1	26
Cuttack	...	...	...	...	...	...	...	1	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	2	...	2
Group IV.—Bengal and Orissa	3	1	1	2	1	3	...	1	1	1	1	...	15	8	13	13	19	19	11	10	18	10	9	8	12	150
A.																										
Doranda (Ranchi)	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	2	2	1	2	1	9
B.																										
Dinapore	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	2	1	3	1	2	1	2	15
Benares	2	1	2	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	1	...	...	...	1
Allahabad	...	2	...	...	...	...	...	...	...	...	3	...	5	3	5	1	3	5	6	3	3	8	24	16	2	79
Fyzabad	...	1	...	...	...	...	...	1	...	...	...	1	3	1	...	2	1	1	...	2	1	2	3	1	1	15
Lucknow	...	3	...	...	2	...	...	1	1	...	...	...	7	3	1	2	10	2	1	3	1	4	3	10	2	42
Cawnpore	1	1	1	...	1	...	...	...	...	...	...	...	4	6	2	2	2	...	3	1	5	5	4	15	3	48
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2
Group V.—Gangetic Plain and Chutia Nagpur	3	9	3	...	3	...	...	2	1	...	3	2	26	13	9	8	19	8	12	10	16	23	37	45	11	211
A.																										
Bareilly	2	1	...	...	1	...	...	...	...	1	1	...	6	2	2	4	1	2	1	2	1	1	2	...	2	20
Roorkee	...	...	...	...	...	1	...	...	...	1	1	1	4	2	...	...	1	2	3	...	1	2	3	9	1	24
Dehra Dun	...	2	4	2	1	...	...	...	...	...	...	...	9	2	...	1	3	6	2	...	1	...	...	2	...	17
Meerut	1	...	...	1	1	...	1	...	...	...	...	3	7	1	...	1	4	3	2	2	1	2	5	...	1	22
Delhi	1	3	3	1	2	..	...	...	...	...	1	2	13	...	1	...	1	...	2	...	2	3	1	1	1	12
Ambala	2	...	...	..	...	...	1	...	...	2	5	5	15	...	1	...	2	...	...	...	...	2	3	5	2	15
B.																										
Jullundur	5	...	3	1	...	...	...	2	...	...	1	1	13	2	2	2	4	4	2	3	1	...	3	7	...	30
Ferozepore	3	2	...	...	1	...	2	...	...	...	1	2	11	3	2	1	2	14	11	2	4	6	2	3	2	52
Mian Mir	12	5	12	2	1	2	2	2	...	2	1	2	43	5	4	1	4	4	2	1	...	...	2	4	4	31
Amritsar	2	...	1	...	...	...	...	...	...	...	...	...	3	...	1	...	1	...	...	...	...	...	...	...	...	2
Sialkot	...	3	1	...	1	1	...	...	...	1	2	...	9	5	3	1	6	3	1	2	7	11	6	7	1	53
Jhelum	4	...	2	2	1	...	...	1	...	1	4	2	17	1	1	...	2	4	1	4	1	4	6	7	6	37
Rawalpindi	2	4	...	2	...	...	...	...	...	1	2	3	14	2	2	1	6	10	6	2	9	8	10	7	6	69
Attock	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Group VI.—Upper Sub-Himalaya	34	20	26	11	9	4	6	5	...	9	19	21	164	25	19	12	37	52	33	18	28	40	43	52	26	385

* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios see Table XXVIII.

Stations and Groups.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A.																										
Mardan	7	6	2	...	...	...	...	...	...	...	1	1	17	...	4	1	3	2	3	1	3	1	4	6	2	30
Nowshera	5	2	1	1	...	...	...	...	1	3	8	4	25	...	1	5	16	17	15	12	25	29	6	15	9	150
Peshawar	7	4	2	3	3	3	2	2	...	...	2	5	33	2	1	4	5	11	7	7	6	6	6	12	21	88
Fort Jamrud	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	3	1	2	1	...	...	...	11
Kohat	31	11	6	1	3	5	3	1	3	4	1	4	73	15	8	4	5	28	16	8	11	13	10	11	12	141
Thal	...	...	...	1	...	...	...	...	...	...	...	1	2	1	1	...	3	4	1	2	6	4	3	2	1	28
Edwardesabad	17	15	8	1	2	...	...	2	...	7	6	9	67	8	5	4	6	9	6	5	7	7	4	7	13	81
Dera Ismail Khan	23	13	7	3	...	...	1	1	6	5	9	7	75	7	3	4	4	5	4	6	6	9	15	20	8	91
Tank	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Jatta	...	1	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	1	...	...	1	2	...	...	...	4
Drazand	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	1	...	1	1	...	...	...	...	8
Nili Kach	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2	...	1	2	...	...	...	6
Fort Zam	...	2	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	1	...	...	1	...	...	...	2
Dera Ghazi Khan	3	2	...	...	...	...	...	...	...	1	1	2	9	4	3	1	...	...	...	...	1	...	1	5	3	18
Multan	4	2	...	1	...	...	...	...	...	...	...	...	7	4	1	1	1	3	2	1	4	2	1	1	3	24
B.																										
Jandola	4	...	1	...	...	...	...	...	...	...	...	...	5	1	...	...	...	...	1	...	3	...	...	1	2	8
Kajuri Kach	...	...	1	1	...	...	...	...	...	...	...	...	2	...	...	...	4	3	4	1	1	1	...	...	...	14
Sibi	1	1	...	...	...	...	...	...	...	...	...	...	2	1	...	1	1	...	...	1	...	...	...	1	13	18
C.																										
Jacobabad	1	2	4	...	...	...	...	2	...	1	1	2	13	4	...	...	...	...	...	...	...	1	4	2	1	12
Hyderabad	...	1	1	...	...	...	...	1	...	...	...	...	3	...	1	...	2	2	...	...	...	1	...	...	1	7
Kurrachee	6	1	...	...	1	...	...	...	...	...	...	...	8	5	1	3	4	2	1	2	2	4	3	2	6	35
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana	110	63	34	12	9	8	6	9	10	21	30	35	347	53	31	28	59	91	66	48	80	84	57	85	95	777
A.																										
Bhuj	2	...	...	...	...	...	...	...	...	2	...	...	4	...	2	2	...	1	1	1	...	...	...	4	...	11
Rajkot	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	1	1	...	...	...	2	5	2	13
Deesa	4	5	1	1	...	...	1	1	...	...	3	4	20	5	1	2	2	1	5	2	2	1	1	5	3	30
Ahmedabad	...	...	4	1	...	1	...	1	...	1	3	2	13	2	2	1	...	1	...	...	1	1	...	...	1	9
Baroda	1	1	...	...	2	...	...	3	...	...	1	...	8	2	2	4	...	..	7	1	...	2	...	2	1	21
B.																										
Alirajpore	...	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirdarpore	4	...	...	1	...	1	...	...	...	...	1	...	7	1	...	2	...	1	...	...	...	...	...	...	...	4
Kherwara	2	11	4	2	2	1	...	...	...	...	1	...	23	...	...	...	...	...	...	...	...	...	...	1	...	1
Kotra	...	...	2	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Todgarh	...	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura	1	4	3	2	1	...	1	..	...	...	2	1	15	...	...	...	...	...	...	...	...	...	1	1	2	4
Neemuch	1	1	1	...	...	...	...	...	...	...	1	...	4	...	...	1	...	...	...	...	...	...	...	2	...	3
Deoli	...	5	4	1	...	...	...	1	2	1	...	...	14	...	...	4	...	1	2	...	4	...	...	...	...	11
Nasirabad	8	4	...	...	...	1	...	...	...	...	1	3	17	1	1	...	...	...	...	1	1	...	...	...	...	4
Ajmer	3	5	3	...	...	1	...	1	...	...	...	1	14	...	2	...	...	...	...	...	...	1	...	...	1	4
aipur	...	...	...	1	...	...	...	...	1	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	1
Agra	3	...	1	...	...	...	...	...	...	1	...	...	5	1	...	...	2	1	2	1	2	7	4	3	1	24
hansi	4	...	...	...	...	...	...	1	...	...	2	1	8	...	...	1	4	...	1	...	...	...	3	9	4	22
Nowgong	...	...	...	...	...	...	...	...	...	1	5	1	7	...	...	...	...	...	1	...	...	...	1	1	...	3
Goona	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	..	1
Agar	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	1	...	...	...	...	...	...	...	...	2	3
Sehore	...	...	...	2	...	...	2	...	...	...	...	...	4	1	1	...	1	1	2	1	3	..	...	...	...	10
Indore	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	2
Mhow	2	...	1	...	1	...	...	...	...	2	1	1	8	3	2	1	4	4	4	4	...	...	2	...	2	26
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	35	40	26	11	6	5	4	9	3	8	25	14	186	16	14	20	14	12	26	12	14	12	15	33	19	207
A.																										
Asirgarh	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Saugor	1	...	...	...	...	...	...	...	...	...	1	...	2	4	2	...	...	1	1	1	4	...	...	1	...	14
Sutna	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Jubbulpore	1	1	...	...	...	...	2	...	...	...	1	...	5	1	4	4	3	1	2	5	6	...	1	...	...	27
Kamptee	...	...	1	1	...	...	...	...	...	...	2	...	4	1	...	...	...	...	...	...	1	1	...	2	2	7
Sitabaldi	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XXXVII—*continued.*

PNEUMONIA by months, stations, groups, and commands.

TABLE XXXVIII—*continued.*

DYSENTERY by months, stations, groups, and commands.

Stations and Groups.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B																										
Ellichpur	...	...	...	...	...	...	...	1	...	...	...	...	1	2	1	...	...	1	...	2	...	1	...	...	...	7
Aurangabad	...	2	2	...	...	...	1	...	1	1	...	1	8	...	...	1	1	1	5	4	7	1	2	6	1	29
Ahmednagar	1	1	1	...	1	1	1	...	...	...	...	...	6	...	3	1	...	...	...	...	...	1	...	...	...	5
Bolarum	1	2	2	1	...	2	1	1	...	...	...	2	12	5	7	4	1	...	2	4	7	5	3	11	2	51
Secunderabad	4	3	2	3	1	...	4	1	2	3	2	1	26	1	1	1	1	4	9	52	13	11	4	10	2	109
Belgam	2	4	...	2	2	...	...	...	2	...	3	5	20	1	...	...	...	2	1	...	3	...	...	2	2	11
Satara	1	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	3	...	1	...	1	2	1	...	8
Poona	...	6	2	...	...	1	...	1	...	1	2	...	13	1	1	...	2	1	1	4	6	1	5	1	1	24
Kirkee	2	1	2	...	...	2	...	...	2	1	3	...	13	2	1	2	4	3	4	13	21	4	1	1	10	66
Sirur	...	...	1	...	...	...	...	...	...	...	...	...	1	4	1	...	...	1	5	8	16	11	7	8	...	61
Group IX.—Deccan	13	20	13	8	4	6	9	4	7	6	15	10	115	22	21	13	12	18	30	95	84	37	25	43	20	420
Bombay	1	...	...	...	2	...	...	...	...	2	..	2	7	6	4	7	3	1	2	3	6	1	5	3	3	44
Vakola	...	...	...	...	...	...	...	...	1	2	5	2	10	...	...	...	...	...	1	...	...	1	...	2	2	6
Cannanore	...	...	...	1	1	...	...	...	...	...	...	...	2	...	-	...	...	...	...	...	3	...	1	1	...	5
Trivandrum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2
Group X.—Western Coast	1	...	...	1	3	...	...	...	1	4	5	4	19	6	4	7	3	1	3	4	9	2	6	7	5	57
A																										
Bellary	...	...	...	...	1	...	...	...	1	...	2	...	4	5	17	3	...	...	1	1	1	...	...	1	...	29
Bangalore	2	1	2	5	2	4	2	...	3	2	4	2	29	9	5	9	...	6	4	6	5	5	4	8	3	64
B																										
Trichinopoly	...	1	...	...	...	...	2	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	2	...	2
Pallavaram	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	3	...	3	1	...	...	...	...	...	7
St. Thomas' Mount	...	1	...	...	...	1	...	...	1	1	...	...	4	1	...	4	2	2	...	1	6	4	3	3	3	29
Madras	...	2	...	...	...	...	...	1	...	...	...	2	5	...	1	1	4	2	1	...	1	1	1	...	...	12
C																										
Vizianagram	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	2	4
Group XI.—Southern India	3	7	2	5	3	5	4	1	5	3	6	4	48	15	23	17	9	10	9	11	13	10	8	14	8	147
Maymyo	...	...	2	...	...	...	...	..	...	...	...	2	4	...	1	5	1	...	3	...	...	1	...	...	2	13
Kohima	...	1	...	1	...	...	...	...	...	...	...	...	2	...	1	...	...	2	...	...	...	...	...	...	...	3
Shillong	...	...	...	1	...	...	...	...	...	1	4	4	10	...	...	2	7	11	16	8	4	1	3	3	5	60
Almora	...	...	...	...	1	...	...	...	...	...	...	1	2	...	...	...	1	2	4	2	1	1	...	...	...	11
Naini Tal	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Lansdowne	4	2	1	...	...	...	...	...	...	...	...	...	7	2	2	5	7	14	14	5	5	8	2	1	1	66
Simla	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	2	...	2	1	...	...	1	...	...	4
Jutogh	...	...	...	1	...	...	...	1	...	1	...	...	3	...	...	...	1	2	2	...	...	2	1	1	...	9
Dharmsala	3	...	...	...	...	1	1	1	...	...	1	2	9	2	...	...	1	6	2	...	1	..	...	...	...	12
Bakloh	1	...	...	...	...	...	...	1	...	...	...	2	4	...	...	...	...	1	...	2	1	2	1	...	...	7
Murree	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Khyragully	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Baragully	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	..	...	...	...	...	...	...
Chitral	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	1
Kila Drosh	3	...	...	...	...	...	...	...	1	1	...	...	5	...	...	...	...	...	...	1	2	...	3	1	1	8
Malakand	3	3	6	2	...	...	...	...	...	2	...	...	16	1	...	...	...	...	1	...	...	1	1	...	1	5
Dargai	...	1	4	1	2	...	1	...	...	2	6	...	17	...	...	...	...	...	...	1	2	...	...	1	...	4
Chakdara	1	...	...	...	...	...	...	...	1	3	1	2	8	...	...	...	...	3	2	2	1	...	...	...	...	8
Abbottabad	10	6	4	...	...	1	1	1	5	3	9	5	45	3	1	2	...	6	7	8	4	5	13	5	3	57
Cherat	...	...	...	...	...	...	...	...	1	...	...	...	1	...	..	...	...	...	...	1	1	...	...	...	1	3
Fort Lockhart	...	1	...	...	...	...	1	...	...	1	1	...	4	...	...	...	...	1	...	...	5	5	2	6	...	19
Hangu	...	...	1	...	...	...	...	...	...	...	...	...	1	3	1	1	1	...	...	...	...	1	...	1	...	8
Miran Shah	10	1	...	...	3	...	1	...	...	1	...	...	16	2	1	4	...	2	2	4	3	7	...	...	...	25
Sarwekai	1	...	1	...	...	..	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	2
Wana	3	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	1
Mir Ali Khel	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	6	...	2	...	1	2	...	15
Fort Sandeman	8	7	3	...	...	...	1	...	1	3	2	...	25	..	...	...	1	1	3	3	3	10	8	10	3	42
Hindubagh	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Musa Khel	...	...	...	1	...	...	1	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	1
Khan Mohamed Kot	...	...	...	1	...	...	...	...	...	...	1	...	2	...	3	...	...	...	1	1	...	...	...	...	...	5
Kila Saifulla	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...	...	3	6

Stations, Groups, and Commands.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Murgha	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Loralai	9	5	5	1	1	2	1	...	1	1	...	2	28	...	1	...	4	4	3	2	1	4	4	2	5	30
Gumbaz	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	1	5
Quetta	3	3	6	2	...	2	2	...	5	4	8	2	37	1	...	1	2	4	13	10	8	8	9	6	2	64
Shelabagh	...	4	...	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	1	...	...	...	...	1
Spinwana	...	2	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaman	3	8	8	...	1	1	1	...	...	1	3	3	29	1	...	...	...	1	3	...	3	1	...	...	2	11
Mount Abu	...	...	3	...	...	...	...	...	...	...	1	1	5	...	..	...	...	1	...	...	1	...	...	...	1	3
Ootacamund	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Mercara	2	4	2	1	2	3	1	1	...	...	...	...	16	2	3	3	6	3	1	2	...	...	...	...	...	20
Group XII.—Hill Stations	66	49	46	14	10	13	12	5	16	24	37	26	318	20	14	26	36	69	86	57	49	58	49	40	31	535
Marchingin Northern Command	3	4	4	3	...	1	...	...	...	6	16	9	46	1	...	...	2	...	3	3	3	7	15	13	8	55
,, Western ,,	15	5	1	1	...	...	...	...	1	...	...	5	28	3	...	2	3	5	3	2	...	...	14	10	7	49
,, Eastern ,,	2	...	...	...	...	...	...	...	...	...	4	...	6	6	1	2	...	...	...	...	...	...	1	8	6	24
,, Secunderabad Division	...	...	1	...	...	...	...	...	...	...	...	2	3	1	...	1	...	1	3	...	...	...	...	...	1	7
Marching in Burma Division	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	9	...	...	...	...	...	...	1	7	1	19
Sikkim Tibet Mission Force	9	17	3	11	1	9	9	6	3	4	2	2	76	7	17	10	10	17	13	31	35	12	9	...	...	161
Extra India.																										
(*a*) In the Indian Command:—																										
Chabbar	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1
Jask	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	1	...	3
Muscat	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1
Bagdad	...	...	...	...	...	...	...	...	...	1	...	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden	1	...	1	2	2	2	3	...	...	...	...	2	13	13	13	4	3	16	17	14	31	17	5	13	6	152
Khormaksar	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	1	...	2	1	...	3	7
Perim	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1	2	...	1	...	2	2	3	...	15
Aden Column Field Force	2	2	1	...	1	...	...	...	1	...	2	1	10	8	7	9	15	4	20	28	59	34	9	10	3	206
(*b*) Not in the Indian Command:—																										
Mauritius	...	...	...	...	1	1	...	2	...	...	...	...	4	2	8	5	2	5	4	5	3	3	...	1	...	38
Singapore	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	6	5	3	4	2	2	3	...	1	30
INDIA	305	243	169	83	54	58	53	48	49	89	167	138	1,456	232	203	193	261	355	379	373	467	375	341	444	284	3,907
Northern Command	172	88	68	26	17	16	16	15	18	47	79	68	630	74	48	39	88	147	108	82	123	141	119	148	109	1,226
Western Command	89	95	67	24	16	17	17	14	18	26	59	42	484	67	49	49	46	68	99	93	135	77	86	109	93	971
Eastern Command	20	20	17	11	10	4	1	3	2	6	17	13	124	37	29	39	65	75	83	40	55	61	78	89	45	696
ecunderabad Division	10	16	9	11	7	10	10	5	7	6	8	9	108	26	35	26	17	19	24	72	36	27	16	38	13	349
Burma Division	3	5	4	...	1	1	...	3	...	...	...	3	20	9	8	16	12	15	25	18	19	18	21	49	20	230

III.—PRISONERS, 1904.

TABLE K.

JAILS by ADMINISTRATIONS.

Jails.	Height above the sea-level in feet.*	Authority for height.†
ANDAMANS :—		
Port Blair Convict Settlement	85	S. G.
BURMA :—		
Mergui	14	S. G.
Tavoy	69	,,
Moulmein	288	,,
Shwegyin	128	,,
Toungoo	156	,,
Rangoon, Central, Europeans	14	,,
,, ,, Natives		
Maubin	...	...
Myaungmyo	...	...
Bassein, Central	40	S. G.
Insein ,,	34	,,
Henzada	44	,,
Myanaung	74	,,
Sandoway	...	...
Kyaukpyu	...	...
Akyab	32	S. G.
Paungdi	...	...
Prome	...	...
Thayetmyo, Central	145	S. G.
Taungdwingyi	492	,,
Magwe	...	...
Minbu	...	...
Yamethin	653	S. G.
Meiktila	298	,,
Pagan	...	...
Pakôkku	...	...
Myingyan, Central	243	S. G.
Mandalay ,,	249	,,
Monywa	...	...
Shwebo	600	M. O.
Bhamo	351	S. G.
Katha	329	,,
Kindat	361	,,
ASSAM —		
Cachar (Silchar)	104	M. D.
Sibsagar	318	S. G.
Dibrugarh	342	,,
Tezpur	292	,,
Gauhati	134	I. B.
Sylhet	257	M. D.
Shillong	4,987	S. G.
BENGAL :—		
Mymensingh	59	M. D.
Dacca, Central	20	,,
Tippera (Comilla)	36	,,
Chittagong	87	,,
Noakhali	43	,,
Backergunge (Barisal)	13	,,
Khulna	...	...
Jessore	33	M. D.
Baraset	...	...
Presidency, Central, European	17	S. G.
,, ,, Natives		
Alipore ,,	21	I. B.
Hooghly	34	S. G.
Burdwan	97	,,
Krishnagar (Nadia)	32	,,
Faridpur	46	M. D.
Pubna	...	...
Murshidabd (Berhampore)	67	M. D.
Rajshahi Central (Rampur Boalia)	70	,,
Bogra	61	,,
Malda	72	,,
Dinajpur	123	,,
Rangpur	123	,,
Jalpaiguri	284	,,
Purneah	120	S. G.
Naya Dumka	489	M. D.
Suri (Birbhum)	...	...
Bankura	298	M. D.
Midnapore, Central	149	,,
Balasore	59	S. G.
Cuttack	74	,,
Puri	17	,,
Angul	...	...
Chaibassa (Singhbhum)	745	S. G.
Purulia (Manbhum)	...	...
Ranchi (Lohardaga)	2,128	S. G.
Palamau (Daltongunge)	...	...
Hazaribagh, Central	1,997	S. G.
Gaya	375	M. D.
Bhagalpur, Central	147	S. G.
Monghyr	148	,,
Darbhanga	167	,,
Champarun (Motihari)	217	,,
Muzaffarpur	179	,,
Patna (Bankipore)	77	,,
BENGAL :—*contd.*		
Arrah (Shahabad)	191	S. G.
Chapra (Saran)	181	M. D.
Buxar, Central	204	S. G.
Darjeeling	7,168	,,
UNITED PROVINCES OF AGRA AND OUDH(*a*) :—		
Korantadih (Ballia)	...	...
Ghazipur	227	S. G.
Azamgarh	256	,,
Kasia	...	...
Gorakhpur	255	S. G.
Basti	292	,,
Fyzabad	336	,,
Sultanpur	305	I. B.
Rai Bareli	351	S. G.
Partabgarh	311	,,
Jaunpur	263	,,
Benares, Central	256	,,
,, District		
Mirzapur	283	,,
Allahabad, Central	298	,,
,, District		
Karwi	...	...
Banda	415	S. G.
Fatehpur	373	,,
Hamirpur	367	,,
Orai (Jalaun)	...	...
Cawnpore	417	S. G.
Unao	412	,,
Lucknow, Central	400	,,
,, District		
Barabanki	378	,,
Gonda	...	...
Bahraich	398	S. G.
Kheri	471	,,
Sitapur	449	,,
Hardoi	462	,,
Etawah	498	,,
Mainpuri	511	,,
Etah	550	,,
Fatehgarh, Central	444	I. B.
,, District		
Shahjahanpur	507	G.
Pilibhit	...	...
Bareilly, Central	560	G.
,, District		
Budaon	544	,,
Aligarh	610	,,
Bulandshahr	727	,,
Moradabad	655	,,
Bijnor	772	,,
Dehra Dun	2,229	,,
Saharanpur	903	,,
Muzaffarnagar	790	,,
Meerut	739	,,
Muttra	576	,,
Agra, Central	554	,,
,, District		
Jhansi	860	,,
Lalitpur	...	...
Almora	5,494	S. G.
Pauri	...	...
PUNJAB :—		
Delhi	715	S. G.
Rohtak	712	,,
Hissar	689	I. B.
Karnal	809	S. G.
Umballa	902	,,
Ludhiana	806	,,
Hoshiarpur	1,058	,,
Jullundur	900	,,
Ferozepore	645	,,
Amritsar	756	,,
Lahore, Central	706	,,
,, District		
,, Female		
Gurdaspur	...	...
Gujranwala	...	...
Sialkot	829	S. G.
Gujrat	...	...
Jhelum	827	S. G.
Rawalpindi	1,707	,,
Shahpur	644	,,
Mianwali	...	...
Lyallpur	...	...
Jhang	...	...
Montgomery, Central	600	I. B.
Mooltan, Central	402	S. G.
,, District		
Dera Ghazi Khan	395	,,
Simla	7,230	,,
N.-W. F. PROVINCE :—		
Peshawar	1,165	S. G.
Kohat	1,768	,,
Bannu	1,279	,,
Dera Ismail Khan	571	,,
Abbottabad	4,152	,,
BALUCHISTAN :—		
Quetta	5,511	S. G.
BOMBAY :—		
Shikarpur	194	S. G
Sind Gang	...	...
Hyderabad, Central	134	I. B.
Kurrachee	28	S. G
Rajkot	417	,,
Ahmedabad, Central	170	,,
Dhulia	842	,,
Yerrowda, Central (Poona)	1,951	I. B.
Bijapur	1,998	S. G
Deccan Gang	...	...
Dharwar	2,385	S. G
Thana	24	,,
Bombay, Common	20	,,
,, House of Correction		
Ratnagiri	110	M. D
Karwar	12	S. G
Aden	26	,,
RAJPUTANA :—		
Ajmer	1,627	S. G
CENTRAL PROVINCES :—		
Damoh	1,236	S. G
Saugor	1,753	,,
Jubbulpore, Central	1,306	,,
Narsinghpur	1,305	I. B.
Mandla	1,487	S. G
Bilaspur	884	,,
Sambalpur	490	,,
Raipur, Central	975	,,
Balaghat (Burha)	...	...
Seoni	2,043	S. G
Chhindwara	2,236	,,
Hoshangabad	1,030	,,
Nimar, (Khandwa)	1,042	I. B
Betul	2,189	S. G
Nagpur Central	1,025	,,
Bhandara	861	,,
Warbha	935	,,
Ghanda	658	,,
Yeotmahl	1,476	,,
Amraoti, Central	1,194	,,
Akola, Central	920	,,
Basim	1,842	,,
Buldana	2,132	M. D
HYDERABAD RESIDENCY JAIL :—		
Secunderabad	1,732	S. G.
MADRAS :—		
Mangalore	42	S. G
Cannanore, Central	47	,,
Bellary	1,483	,,
Salem, Central	919	,,
Coimbatore, ,,	1,348	M. D
Palamcottah	129	S. G.
Madura	438	,,
Trichinopoly, Central	274	,,
Tanjore	193	,,
Cuddalore	19	,,
Vellore, Central	698	,,
Madras, Civil	15	,,
,, Penitentiary, Central		
Nellore	57	,,
Rajamundry, Central	112	M. D.
Vizagapatam	14	S. G.
Berhampur	60	,,
Russellkonda	...	...
COORG :—		
Mercara	3,835	S. G.

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* These are not the exact heights of the jails themselves above sea-level, but usually those of the survey-marks or of the mercury-surface in baromet cisterns in the stations in which the jails are situated.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Quarter-Master-General's Department; M. D. = Meteorological Departmen M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

(*a*) Late North-Western Provinces and Oudh.

PRISONERS, 1904.

TABLE XL.

RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XLII. The actuals will be found in Table XLIII.

	Ratios per 1,000 of the average strength.										
	Andamans.	Burma.	Assam.	Bengal.	United Provinces.	Punjab.	N.-W.F. Province.	Bombay.	Central Provinces.	Madras.	India.*
I.—Average Annual Strength	13,972	11,704	1,270	18,907	23,902	11,740	1,297	7,804	3,843	9,320	104,325
II.—Constantly sick-rate of each month—											
January	55·5	19·7	26·7	34·2	28·5	34·8	36·0	23·0	17·7	21·1	31·4
February	56·4	19·3	22·6	32·7	27·5	30·4	34·5	25·9	14·9	19·9	30·5
March	59·8	19·0	25·5	35·3	28·4	27·0	26·7	24·0	15·9	18·5	31·1
April	62·5	19·3	29·8	35·6	28·8	28·4	32·6	24·0	16·9	18·6	31·8
May	69·9	20·6	28·3	33·8	25·9	32·6	33·5	22·7	20·2	19·6	32·5
June	74·6	21·7	27·9	35·2	24·5	31·9	29·8	24·4	22·8	21·3	33·4
July	72·8	22·9	33·8	36·7	24·0	33·2	27·8	27·1	23·4	20·2	33·7
August	66·7	22·5	28·5	38·9	28·4	36·5	29·3	23·1	26·2	21·5	34·5
September	63·2	21·1	47·7	39·4	32·7	33·8	33·3	24·9	21·2	19·7	34·8
October	62·2	18·5	52·4	36·7	33·2	29·6	32·2	24·9	21·4	18·6	33·4
November	60·0	17·0	50·6	36·7	29·4	26·9	33·3	24·7	21·2	19·8	31·9
December	58·6	15·7	34·6	35·2	27·6	26·4	32·5	24·0	18·5	19·0	30·4
Of the year	63·6	19·9	34·6	35·8	28·1	31·2	31·6	24·6	20·3	19·7	32·5
Including Subsidiary Jails and Lock-ups	...	...	32·0	34·6	...	31·0	31·9	22·5	20·1	19·5	31·7
III.—Admission-rate of the year—											
Influenza	3·9	1·9	...	7·8	4·0	6·6	...	...	·3	2·7	4·1
Cholera	...	2·9	·8	·3	...	...	...	·3	·3	·4	·5
Small-pox	...	·1	...	·1	·6	·1	...	·8	...	...	·2
Enteric Fever	...	...	1·6	·4	·3	1·3	...	·3	...	2·1	·5
Intermittent Fever	1,173·4	51·8	156·7	309·3	229·8	341·9	386·3	169·3	168·1	86·6	344·3
Remittent Fever	8·1	1·7	9·4	1·4	·7	·3	3·9	1·8	...	·3	2·1
Simple Continued Fever	...	26·1	6·3	·6	6·4	3·7	...	5·1	5·7	16·2	7·0
Tubercle of the lungs	12·5	6·4	5·5	12·6	6·7	8·2	2·3	7·6	6·0	10·8	9·0
Pneumonia	7·6	2·6	7·9	9·2	10·6	21·4	20·0	15·2	6·5	7·4	10·3
Other Respiratory Diseases	72·1	9·1	18·1	32·2	19·5	36·9	31·6	27·7	25·2	27·5	31·4
Dysentery	162·5	47·9	212·6	228·6	39·9	48·6	84·8	46·3	41·1	45·4	96·0
Diarrhœa	66·4	29·2	37·8	77·3	21·4	74·2	64·8	29·5	44·8	4·7	45·1
Spleen Diseases	...	...	...	·4	1·1	·1	4·6	1·2	1·0	...	·5
Scurvy	1·6	·1	·8	1·2	·2	·4	2·3	3·6	·3	...	·8
Anæmia and Debility	·1	6·8	19·7	12·2	9·2	30·0	21·6	11·1	7·3	6·7	10·7
Abscess, Ulcer, and Boil	70·8	56·6	31·5	48·9	82·2	125·6	195·8	69·6	54·6	35·0	71·5
All Causes	1,909·2	386·7	639·4	932·4	612·1	906·8	1,101·8	599·6	588·3	438·9	841·1
Including Subsidiary Jails and Lock-ups	...	...	632·1	918·9	...	904·0	1,150·4	583·4	587·1	526·6	837·8
IV.—Death-rate of the year—											
Cholera	...	1·71	·79	·26	...	...	...	·26	·26	·21	·30
Small-pox	...	...	...	·05	·04	...	...	·26	...	...	·04
Enteric Fever	...	...	·79	·11	·04	·34	...	·13	...	·54	·13
Intermittent Fever	2·43	·68	...	·85	·46	·85	...	·13	·52	1·29	·90
Remittent Fever	2·08	·26	...	·42	...	...	...	·38	...	·11	·43
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	7·23	2·99	3·15	3·54	2·30	3·41	·77	3·72	2·86	3·97	3·64
Pneumonia	2·86	·68	3·94	2·59	2·64	5·45	3·86	4·87	1·30	1·39	2·80
Other Respiratory Diseases	1·50	·43	...	·32	·96	·43	·77	1·03	1·04	·75	·77
Dysentery	7·94	2·82	11·02	4·87	2·34	2·56	3·08	1·15	1·30	2·04	3·58
Diarrhœa	1·50	1·62	·79	1·32	·79	·85	...	1·15	·52	·21	1·04
Hepatic Abscess	·07	·09	...	·05	·04	...	...	...	·26	·11	·06
Anæmia and Debility	...	·43	4·72	·37	·17	·43	...	·26	...	·43	·35
Phagedæna, Slough, and Gangrene	·29	...	...	·05	·04	·09	...	...	...	...	·07
All Causes	34·78	18·03	29·13	19·89	14·56	19·76	14·65	19·22	12·49	16·52	19·91
g Subsidiary Jails and Lock-ups	...	...	27·62	19·80	...	19·52	14·07	20·20	12·65	16·04	19·84
V.—Percentage in 100 admissions—											
Influenza	·21	·49	...	·84	·66	·73	...	...	·04	·61	·48
Cholera	...	·75	·12	·03	...	...	...	·04	·04	·10	·05
Small-pox	...	·02	...	·01	·10	·01	...	·13	...	...	·03
Enteric Fever	...	...	·25	·05	·05	·14	...	·04	...	·49	·06
Intermittent Fever	61·46	13·39	4·51	33·17	37·55	37·70	35·06	28·23	28·57	19·73	40·94
Remittent Fever	·42	·44	1·48	·15	·12	·04	1·35	·30	...	·07	·25
Simple Continued Fever	...	6·74	·99	·07	1·05	·40	...	·85	·97	3·69	·84
Tubercle of the lungs	·65	1·66	·86	1·35	1·10	·90	·21	1·26	1·02	2·47	1·07
Pneumonia	·40	·69	1·23	·99	1·74	2·36	1·82	2·54	1·11	1·69	1·22
Other Respiratory Diseases	3·78	2·36	2·83	3·45	3·19	4·07	2·87	4·62	4·29	6·26	3·73
Dysentery	8·51	12·40	33·25	24·52	6·51	5·35	7·70	7·72	6·99	10·34	11·42
Diarrhœa	3·48	7·56	5·91	8·29	3·49	8·18	5·88	4·92	7·61	1·08	5·36
Spleen Diseases	...	...	...	·04	·18	·01	·42	·19	·18	...	·06
Scurvy	·08	·02	·12	·13	·03	·05	·21	·60	·04	...	·10
Anæmia and Debility	1·00	1·77	3·08	1·30	1·50	3·31	1·96	1·86	1·24	1·52	1·27
Abscess, Ulcer, and Boil	3·71	14·63	4·93	5·25	13·43	13·85	17·77	11·61	9·29	7·97	8·50
VI.—Percentage in 100 deaths—											
Cholera	...	9·2	2·7	1·3	...	...	...	1·3	2·1	1·3	1·5
Small-pox	...	...	...	·3	·3	...	...	1·3	...	...	·2
Enteric Fever	...	...	2·7	·5	·3	1·7	...	·7	...	3·2	·7
Intermittent Fever	7·0	3·7	...	4·3	3·2	4·3	...	·7	4·2	7·8	4·5
Remittent Fever	6·0	1·4	...	2·1	...	..	...	2·0	...	·6	2·1
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	20·8	16·1	10·8	17·8	15·8	17·2	5·3	19·3	22·9	24·0	18·3
Pneumonia	8·2	3·7	13·5	13·0	18·1	27·6	26·3	25·3	10·4	8·4	14·1
Other Respiratory Diseases	4·3	2·3	...	1·6	6·6	2·2	5·3	5·3	8·3	4·5	3·9
Dysentery	22·8	15·1	37·8	24·5	16·1	12·9	21·1	6·0	10·4	12·3	18·0
Diarrhœa	4·3	8·7	2·7	6·6	5·5	4·3	...	6·0	4·2	1·3	5·2
Hepatic Abscess	·2	·5	...	·3	·3	...	...	...	2·1	·6	·3
Anæmia and Debility	...	2·3	16·2	1·9	1·1	2·2	...	1·3	...	2·6	1·8
Phagedæna, Slough, and Gangrene	·8	...	...	·3	·3	·4	...	...	...	...	·3

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* Including Ajmer, Secunderabad, Quetta, Mercara.

For complete detail of diseases, see Table LIII.

TABLE XLI.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XLII. The actuals will be found in Table XLII

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
	I Burma Coast and Bay Islands.	II Burma Inland.	III Assam.	IV Bengal and Orissa.	V Gangetic Plain and Chutia Nagpur.	VI Upper Sub-Himalaya.	VII N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	VIII S.-E. Rajputana, Central India, and Gujarat.	IX Deccan.	X Western Coast.	XI Southern India.	XII Hills.	India
I.—AVERAGE ANNUAL STRENGTH	21,873	3,803	1,219	12,016	21,973	12,139	8,365	*4,171	7,287	2,506	8,337	582	104,3
II.—CONSTANTLY SICK-RATE OF EACH MONTH—													
January	42·1	22·6	28·0	35·2	28·2	28·8	36·8	30·0	21·4	28·1	19·7	30·8	31·
February	42·2	24·3	23·8	33·7	26·8	27·1	33·3	29·3	21·5	28·8	19·4	31·0	30·
March	44·9	23·2	26·0	35·3	29·9	24·6	30·0	30·0	20·5	24·9	18·4	28·3	31·
April	46·6	21·8	28·8	35·8	30·4	24·7	32·7	30·9	20·9	22·3	18·6	18·7	31·
May	51·3	25·4	26·1	32·7	28·1	25·2	34·8	30·5	23·3	23·2	19·5	25·3	32·
June	54·1	29·0	28·1	34·6	28·1	25·8	30·8	28·7	24·6	22·7	21·5	20·8	33·
July	52·2	36·3	35·1	36·3	28·3	23·1	34·9	30·6	26·4	23·7	20·5	24·3	33·
August	48·6	34·5	28·7	39·2	31·1	27·9	36·4	31·9	24·9	22·7	22·1	33·9	34·
September	47·2	26·1	49·3	40·2	33·3	31·6	32·0	37·6	23·5	23·2	19·8	30·2	34·
October	45·6	23·6	54·2	36·5	32·2	31·7	29·6	37·8	23·5	22·5	18·8	25·3	33·
November	43·9	21·1	52·5	39·1	28·6	29·4	27·2	31·8	25·3	19·6	19·7	21·9	31·
December	42·6	18·7	36·0	37·1	26·9	29·1	26·1	31·9	22·6	20·8	18·9	17·5	30·
OF THE YEAR	46·8	25·8	35·3	36·4	29·0	27·6	31·9	31·9	23·3	23·9	19·7	27·5	32·5
III.—ADMISSION-RATE OF THE YEAR—													
Influenza	3·5	...	...	12·3	·3	7·5	9·2	...	·1	...	3·0	...	4·1
Cholera	·4	6·8	·8	·1	·2	..	...	...	·4	...	·5	...	·
Small-pox	...	·3	...	·1	·7	...	·1	·2	·5	·4	...	...	·
Enteric Fever	...	...	·8	·5	·3	1·5	·1	...	·1	8·0	·1	1·7	·5
Intermittent Fever	763·2	81·0	154·2	252·1	272·0	334·6	260·1	226·1	161·7	183·6	90·1	247·4	344·3
Remittent Fever	5·7	2·4	9·8	1·5	1·0	·1	1·4	1·2	·4	2·4	·1	3·4	2·1
Simple Continued Fever	13·6	1·8	6·6	·2	6·4	3·1	1·0	·5	8·2	9·6	15·1	34·4	7·
Tubercle of the lungs	9·9	8·7	5·7	16·6	6·1	7·7	7·8	4·3	4·7	17·2	10·8	5·2	9·
Pneumonia	5·8	2·6	8·2	10·0	7·8	16·9	22·5	21·3	7·3	8·4	7·1	27·5	10·3
Other Respiratory Diseases	48·1	16·3	18·0	30·9	21·9	30·3	34·0	22·8	25·1	34·7	27·8	55·0	31·
Dysentery	111·3	104·1	218·2	257·1	84·9	50·9	46·9	25·4	44·2	34·3	47·4	77·3	96·
Diarrhœa	47·0	63·9	38·6	66·3	44·4	51·2	58·0	20·6	36·2	33·9	5·2	39·5	45·1
Spleen Diseases	...	...	...	·5	·8	·6	1·7	1·2	·7	...	...	...	·5
Scurvy	1·1	...	·8	1·9	·1	·2	3·2	·5	·1	2·4	...	...	·8
Anæmia and Debility	1·6	12·4	20·5	12·8	9·5	17·1	31·6	8·9	7·3	8·4	6·1	22·3	10·7
Abscess, Ulcer, and Boil	67·3	47·1	32·0	46·8	72·7	107·3	110·7	95·7	76·7	31·1	37·8	49·8	71·5
ALL CAUSES	1,342·4	483·8	648·1	908·6	707·6	816·5	787·1	625·7	617·7	583·8	450·3	740·5	841·1
IV.—DEATH-RATE OF THE YEAR—													
Cholera	·27	3·68	·82	·08	·18	...	...	...	·41	...	·24	...	·03
Small-pox	...	...	...	·08	·05	...	...	·24	·14	...	...	...	·04
Enteric Fever	...	...	...	·17	...	·33	·12	...	·14	2·00	...	1·72	·13
Intermittent Fever	1·74	1·05	...	1·08	·46	·50	·96	·24	·27	...	1·44	...	·90
Remittent Fever	1·46	...	...	·33	·18	...	·24	...	·14	...	·12	...	·42
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	5·35	5·00	3·28	4·49	2·18	2·55	3·11	2·64	2·06	8·38	4·08	...	3·64
Pneumonia	2·06	·79	4·10	3·41	1·82	4·37	5·86	5·27	2·06	1·60	1·44	5·15	2·80
Other Respiratory Diseases	1·10	·53	...	·50	·32	1·24	·48	1·44	·69	2·79	·48	...	·77
Dysentery	5·44	6·57	11·48	4·91	3·19	2·47	2·63	1·68	1·10	1·60	1·68	3·44	3·58
Diarrhœa	1·19	3·68	...	1·41	·64	1·73	·48	·24	·69	·40	·24	5·15	1·04
Hepatic Abscess	·09	...	...	...	·05	...	...	·24	·14	...	·12	...	·06
Anæmia and Debility	·14	·53	4·92	·25	·32	·16	·60	...	·27	...	·48	5·15	·35
Phagedæna, Slough, and Gangrene	·18	...	...	·08	...	·16	...	...	...	...	...	...	·07
ALL CAUSES	27·16	28·92	28·71	22·72	13·70	18·95	20·20	15·58	12·63	24·34	15·83	24·05	19·91
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza	·26	...	...	1·36	·04	·92	1·17	...	·02	...	·67	...	·48
Cholera	·03	1·41	·13	·01	·03	...	...	...	·07	...	·11	...	·05
Small-pox	...	·05	...	·01	·10	...	·02	·04	·09	·07	...	...	·03
Enteric Fever	...	...	·13	·05	·04	·18	·02	...	·02	1·37	·03	·23	·06
Intermittent Fever	56·85	16·74	23·80	27·74	38·44	40·98	33·05	36·13	26·17	31·44	20·01	33·41	40·94
Remittent Fever	·42	·49	1·52	·16	·14	·01	·18	·19	·07	·41	·03	·46	·25
Simple Continued Fever	1·01	·38	1·01	·03	·91	·38	·12	·08	1·33	1·64	3·36	4·64	·84
Tubercle of the lungs	·74	1·79	·89	1·83	·86	·95	·99	·69	·76	2·94	2·40	·70	1·07
Pneumonia	·43	·54	1·27	1·10	1·11	2·07	2·86	3·41	1·18	1·44	1·57	3·71	1·22
Other Respiratory Diseases	3·59	3·37	2·78	3·40	3·10	13·71	4·31	3·64	4·07	5·95	6·18	7·42	3·73
Dysentery	18·29	21·52	33·67	28·29	12·00	6·23	5·95	4·06	7·15	5·88	10·52	10·44	11·42
Diarrhœa	3·50	13·21	5·95	7·30	6·28	6·27	7·37	3·30	5·87	5·81	1·15	5·34	5·36
Spleen Diseases	...	...	...	·05	·11	·07	·21	·19	·11	...	...	...	·06
Scurvy	·08	...	·13	·21	·01	·03	·41	.08	·02	·41	...	...	·10
Anæmia and Debility	·12	2·55	3·16	1·41	1·34	2·10	4·01	1·42	1·18	1·44	1·36	3·02	1·27
Abscess, Ulcer, and Boil	5·01	9·73	4·94	5·15	10·27	13·15	14·06	15·29	12·42	5·33	8·39	6·73	8·50
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera	1·0	12·7	2·9	·4	1·3	...	...	...	3·3	...	1·5	...	1·5
Small-pox	...	...	...	·4	·3	...	...	1·5	1·1	...	...	...	·2
Enteric Fever	...	...	...	·7	...	1·7	·6	...	1·1	8·2	...	7·1	·7
Intermittent Fever	6·4	3·6	...	4·8	3·3	2·6	4·7	1·5	2·2	...	9·1	...	4·5
Remittent Fever	5·4	...	...	1·5	1·3	...	1·2	...	1·1	...	·8	...	2·1
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	19·7	17·3	11·4	19·8	15·9	13·5	15·4	16·9	16·3	34·4	25·8	...	18·3
Pneumonia	7·6	2·7	14·3	15·0	13·3	23·0	29·0	33·8	16·3	6·6	9·1	21·4	14·1
Other Respiratory Diseases	4·0	1·8	...	2·2	2·3	6·5	2·4	9·2	5·4	11·5	3·0	...	3·9
Dysentery	20·0	22·7	40·0	21·6	23·3	13·0	13·0	10·8	8·7	6·6	10·6	14·3	18·0
Diarrhœa	4·4	12·7	...	6·2	4·7	9·1	2·4	1·5	5·4	1·6	1·5	21·4	5·2
Hepatic Abscess	·3	...	...	...	·3	...	...	1·5	1·1	...	·8	...	·3
Anæmia and Debility	·5	1·8	17·1	1·1	2·3	·9	3·0	...	2·2	...	3·0	21·4	1·8
Phagedæna, Slough, and Gangrene	·7	...	...	·4	...	·9	...	...	...	...	...	...	·3

* Including Aden. For complete detail of diseases, see Table LIII.

TABLE XLII.

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

Jails and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
						1. Admission-rate.							2. Death-rate per 1,000 of strength.								
Port Blair	13,972	3·9	...	...	...	1,173·4	8·1	...	12·5	7·6	72·1	162·5	66·4	·1	...	1·6	·1	70·8	·4	1,909·2	63·6
		·07	...	...	...	2·43	2·08	...	7·23	2·86	1·50	7·94	1·50	·07	...	...	...	...	·29	34·78	
Mergui	56	...	71·4	...	...	285·7	...	...	...	...	17·9	125·0	125·0	...	...	...	...	...	...	821·4	17·9
		...	53·57	...	...	...	...	...	...	...	...	17·86	...	...	...	...	...	...	...	71·43	
Tavoy	84	...	...	...	...	166·7	11·9	...	...	...	...	71·4	11·9	...	...	...	...	23·8	...	404·8	23·8
		...	...	...	...	11·90	...	...	...	...	...	...	...	...	...	...	...	...	...	11·90	
Moulmein	503	...	4·0	...	...	41·7	4·0	...	4·0	2·0	9·9	37·8	31·8	...	...	2·0	...	105·4	...	439·4	25·8
		...	1.99	...	...	...	1·99	...	1·99	...	...	3·98	...	...	...	...	...	...	...	11·93	
Shwegyin	148	...	...	...	...	54·1	27·0	...	...	6·8	6·8	50·8	47·3	...	...	...	13·5	87·8	...	412·2	13·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Toungoo	394	55·8	...	...	...	20·3	...	7·6	7·6	...	...	22·8	5·1	...	...	...	...	66·0	...	751·3	43·1
		...	...	...	...	...	...	...	7·61	...	...	...	2·54	...	...	...	...	...	...	12·69	
Rangoon, Central (Europeans).	23	...	...	...	...	87·0	...	391·3	...	43·5	...	304·3	87·0	...	...	...	...	43·5	...	1,347·8	43·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rangoon, Central (Natives).	2,027	...	...	...	..	27·1	...	96·7	7·9	3·0	8·4	16·3	6·4	...	...	...	3·0	82·4	...	435·1	20·7
		...	...	...	...	...	...	...	2·47	·49	...	·99	...	...	...	...	·99	·49	...	15·79	
Maubin	360	...	5·6	...	...	44·4	...	...	...	...	2·8	13·9	8·3	...	...	...	2·8	25·0	...	211·1	11·1
		...	5·56	...	...	...	...	...	...	...	...	...	2·78	...	...	...	...	...	..	13·89	
Myaungmyo	458	...	...	...	...	61·1	2·2	...	2·2	2·2	2·2	102·6	74·2	...	...	...	...	100·4	...	449·8	17·5
		...	...	...	...	...	...	...	...	...	...	2·18	...	...	...	...	...	...	...	2·18	
Bassein, Central	855	...	...	...	...	57·3	1·2	29·2	21·1	10·5	4·7	14·0	2·3	...	...	...	2·3	92·4	...	362·6	21·1
		...	...	...	...	...	1·17	...	3·51	3·51	1·17	...	1·17	...	...	...	...	...	...	21·05	
Insein, Central	1,911	...	...	...	...	17·8	...	34·0	·5	·5	4·7	·5	·5	...	...	...	·5	19·4	...	119·8	6·3
		...	...	...	...	·52	...	...	1·05	...	·52	...	...	...	...	...	...	...	...	6·80	
Henzada	409	...	...	...	...	56·2	2·4	...	2·4	...	4·9	2·4	2·4	2·4	...	...	31·8	61·1	...	234·7	9·8
		...	...	...	...	...	...	...	4·89	...	...	...	...	2·44	...	...	...	...	...	12·22	
Myanaung	80	...	...	...	...	75·0	...	...	...	12·5	12·5	25·0	87·5	...	...	...	...	87·5	...	437·5	25·0
		...	...	...	...	...	...	...	...	12·50	...	12·50	12·50	...	...	...	...	...	...	62·50	
Sandoway	67	...	...	...	...	104·5	...	...	...	...	...	44·8	14·9	...	...	...	...	29·9	...	388·0	29·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Kyaukpyu	104	...	...	...	...	96·2	...	...	...	...	...	9·6	9·6	...	...	...	...	67·3	...	384·6	19·2
		...	...	...	...	9·62	...	...	...	...	...	...	...	...	...	...	...	...	...	9·62	
Akyab	422	...	...	...	...	2·4	2·4	...	...	...	7·1	7·1	2·4	...	...	...	19·0	21·3	...	229·9	11·8
		...	...	...	...	2·37	2·37	...	...	...	2·37	2·37	2·37	...	...	...	2·37	...	...	28·44	
Group I.—Burma Coast and Bay Islands	21,873	3·5	·4	...	...	763·2	5·7	13·6	9·9	5·8	48·1	111·3	47·0	·1	...	1·1	1·6	67·3	·2	1,342·4	46·8
		·05	·27	...	...	1·74	1·46	...	5·35	2·06	1·10	5·44	1·19	·09	...	...	·14	·05	·18	27·16	
Paungdi	174	...	...	...	...	40·2	...	...	...	...	...	40·2	...	...	...	...	...	5·7	...	155·2	5·7
		...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...	...	11·49	
Prome	284	...	...	...	...	52·8	...	...	3·5	...	7·0	45·8	21·1	...	...	...	...	133·8	...	503·5	35·2
		...	...	...	...	...	...	...	3·52	...	...	3·52	3·52	...	...	...	...	...	...	10·56	
Thayetmyo, Central.	852	...	...	...	...	23·5	...	5·9	10·6	3·5	24·6	63·4	31·7	...	...	...	27·0	79·8	...	400·2	15·3
		...	...	...	...	...	...	...	2·35	1·17	...	3·52	1·17	...	...	...	...	...	...	12·91	
Taungdwingyi	56	...	...	...	...	...	...	17·9	...	...	...	...	...	...	...	...	...	...	...	107·1	3·9*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17·86	
Magwe	118	...	...	...	...	...	...	...	...	...	8·5	33·9	33·9	...	...	...	8·5	42·4	...	237·3	16·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Minbu	66	...	...	...	...	257·6	...	...	15·2	...	45·5	75·8	181·8	...	...	...	30·3	181·8	...	1,212·1	45·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yamethin	97	...	...	...	...	...	...	...	10·3	10·3	10·3	...	...	...	...	...	...	41·2	...	144·3	10·3
		...	...	...	...	...	...	...	10·31	...	...	...	...	...	...	...	...	...	...	20·62	
Meiktila	79	...	...	...	...	63·3	...	...	...	12·7	...	88·5	12·7	...	...	...	...	38·0	...	392·4	12·7
		...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	
Pagan	65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15·4	...	76·9	5 0*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15·38	
Pakôkku	59	...	...	...	...	33·9	...	...	...	...	...	...	16·9	...	...	...	...	...	...	50·8	1·9*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Myingyan, Central.	779	...	2·6	...	...	65·5	2·6	...	11·6	1·3	12·8	92·4	66·8	...	...	...	11·6	33·4	...	459·6	32·1
		...	2·57	...	...	...	...	...	6·42	...	1·28	2·57	5·13	...	...	...	...	...	...	25·67	
Mandalay, Central.	744	...	32·3	1·3	...	172·0	...	1·3	16·1	1·3	18·8	293·0	158·6	...	...	...	6·7	6·7	...	818·5	43·0
		...	16·13	...	...	5·38	...	...	13·44	1·34	1·34	21·51	6·72	...	...	...	1·34	...	...	79·30	
Monywa	80	...	...	...	...	12·5	...	...	...	12·5	12·5	12·5	...	...	...	...	...	12·5	...	212·5	12·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25·00	
Shwebo	155	...	...	...	...	64·5	45·2	...	...	12·9	38·7	12·9	12·9	...	...	...	6·5	...	...	212·9	12·9
		...	...	...	...	...	...	...	...	6·45	...	...	6·45	...	...	...	6·45	...	...	19·35	
Bhamo	68	...	...	...	...	500·0	...	...	...	...	29·4	73·5	191·2	...	...	...	29·4	147·1	...	1,382·4	58·8
		...	...	...	...	...	...	...	...	...	...	...	29·41	...	...	...	...	...	...	29·41	
Katha	73	...	...	...	...	150·7	...	...	...	...	13·7	109·6	54·8	13·7	...	...	27·4	27·4	...	452·1	27·4
		...	...	...	...	...	...	...	...	...	...	41·10	...	...	...	...	...	...	...	54·79	
Kindat	54	...	...	...	...	129·6	...	...	...	...	...	...	55·6	...	...	...	37·0	55·6	...	333·3	18·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Group II.—Burma Inland.	3,803	...	6·8	·3	...	81·0	2·4	1·8	8·7	2·6	16·3	104·1	63·9	·3	...	...	12·4	47·1	...	483·8	25
		...	3·68	...	...	1·05	...	...	5·00	·79	·53	6·57	3·68	...	...	...	·53	...	...	28·92	

* Worked on the aggregates.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

Jails and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate per 1,000 of strength.																			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
Cachar	60	... ...	... ...	... ...	... ...	116·7 ...	... ...	... ...	... ...	33·3 16·67	... ...	333·3 ...	16·7 ...	... ...	... ...	... ...	50·0 ...	16·7 ...	... ...	600·0 33·33	33·
Sibsagar	63	... ...	... ...	... ...	... ...	285·7 ...	31·7 ...	... ...	15·9 ...	... ...	47·6 ...	174·6 ...	15·9 ...	... ...	... ...	... ...	15·9 ...	31·7 ...	... ...	904·8 ...	47·
Dibrugarh	97	... ...	10·3 10·31	... ...	... ...	309·3 ...	... ...	... ...	10·3 ...	... ...	30·9 ...	185·6 20·62	144·3 ...	... ...	... ...	10·3 ...	30·9 10·31	61·9 ...	.. ...	958·8 41·24	30·
Tezpur	231	... ...	... ...	... ...	... ...	138·5 ...	... ...	... ...	8·7 4·33	... ...	17·3 ...	116·9 ...	13·0 ...	... ...	... ...	... ...	73·6 21·65	4·3 ...	... ...	471·9 25·97	34·
Gauhati	312	... ...	... ...	... ...	3·2 ...	80·1 ...	...	25·6 ...	6·4 6·41	12·8 6·41	22·4 ...	381·4 32·05	38·5 ...	... ...	... ...	... ...	... ...	38·5 ...	... ...	769·2 48·08	54·
Sylhet	456	... ...	... ...	... ...	... ...	166·7 ...	21·9 ...	... ...	2·2 2·19	8·8 4·39	11·0 ...	155·7 4·39	35·1 ...	... ..	... ...	... ...	2·2 ...	37·3 ...	... ...	559·2 17·54	21·
Group III.—Assam.	1,219	. .	·8 ·82	...	·8 ...	154·2 ...	9·8 ...	6·6 ...	5·7 3·28	8·2 4·10	18·0 ...	218·2 11·48	38·6 ...	... ...	... ...	·8 ...	20·5 4·92	32·0 ...	... ...	648·1 28·71	35·
Mymensingh	559	... ...	... ...	... ...	... ...	239·7 ...	... ...	... ...	60·8 5·37	8·9 1·79	12·5 ...	445·4 3·58	35·8 ..	... ...	... ...	1·8 ...	37·6 1·79	57·2 ...	... ...	1,309·5 17·89	46·
Dacca, Central	1,118	... ...	... ...	... ...	... ...	111·8 ...	... ...	... ...	2·7 3·58	5·4 1·79	83·2 ...	220·0 ·89	32·2 ·89	... ...	... ...	... ...	14·3 ·89	34·9 ...	... ...	664·6 13·42	21·
Tippera	314	... ...	... ...	... ...	... ...	101·9 ...	... ...	... ...	28·7 ...	6·4 3·18	15·9 ...	254·8 ...	105·1 3·18	... ...	... ...	... ...	3·2 ...	12·7 ...	... ...	633·8 9·55	22·
Chittagong	129	... ...	... ...	... ...	7·8 ...	1,038·8 ...	7·8 ...	... ...	7·8 7·75	... ...	15·5 ...	186·0 7·75	255·8 ...	... ...	... ...	... ...	7·8 ...	31·0 ...	... ...	1,814·0 38·76	
Noakhali	147	... ...	... ...	... ...	... ...	163·3 ...	... ...	... ...	6·8 6·86	6·8 6·80	27·2 ...	782·3 13·61	27·2 ...	... ...	... ...	... ...	... ...	13·6 ...	... ...	1,068·0 34·01	34·
Backergunge	518	... ...	... ...	... ...	... ...	451·7 ...	...	... ...	9·7 3·86	52·1 27·03	96·5 1·93	584·9 ...	279·9 ...	... ...	... ...	... ...	63·7 ...	34·7 ...	... ...	1,930·5 38·61	73·
Khulna	39	... ...	... ...	... ...	... ...	897·4 ...	... ...	... ...	... ...	... ...	... ...	307·7 ...	51·3 ...	... ...	... ...	... ...	... ...	76·9 ...	... ...	1,564·1 25·64	51·
Jessore	388	... ...	... ...	... ...	5·2 2·58	489·7 5·15	2·6 ...	... ...	25·8 7·73	15·5 ...	15·5 ...	1,105·7 10·31	64·4 ...	... ...	... ...	... ...	7·7 ...	72·2 ...	... ...	1,940·7 30·93	51·
Baraset	110	... ...	... ...	... ...	... ...	1200·0 ...	... ...	... ...	18·2 9·09	9·1 ...	27·3 ...	772·7 18·18	81·8 ...	... ...	... ...	... ...	... ...	27·3 ...	... ...	2,490·9 27·27	109·
Presidency, Central (Europeans).	39	... ...	... ...	... ...	25·6 ...	25·6 ...	... ...	... ...	... ...	... ...	51·3 ...	51·3 ...	25·6 ...	... ...	... ...	... ...	51·3 ...	51·3 ...	... ...	512·8 ...	25·
Presidency, Central (Natives).	1,227	... ...	... ...	... ...	... ...	58·7 2·44	... ...	... ...	9·8 7·33	3·3 ·81	9·8 ...	214·3 7·33	11·4 1·63	... ...	... ...	... ...	3·3 ...	17·9 ...	... ...	449·4 26·89	21·
Alipore, Central	1,890	56·6 4·76	... ...	... ...	... ...	68·3 2·12	... ...	... ...	25·9 9·52	4·8 1·06	10·6 ·53	63·5 1·06	24·3 ...	... ...	... ...	... ...	13·2 ...	27·5 ...	... ...	438·6 23·28	30·
Hooghly	385	... ...	... ...	... ...	... ...	184·4 ...	... ..	... ...	33·8 ...	18·2 ...	15·6 ...	280·5 7·79	285·7 7·79	... ...	... ...	... ...	2·6 ...	57·1 ...	... ...	1,259·7 18·18	49·
Burdwan	231	... ...	... ...	... ...	... ...	342·0	4·3 ...	... ...	4·3 ...	... ...	47·6 ...	160·2 8·66	190·5 ...	... ...	26·0 ...	... ...	... ...	82·3 ...	... ...	1,333·3 12·99	51·9
Krishnagar	191	... ...	... ...	... ...	... ...	298·4 ...	15·7 5·24	... ...	15·7 ...	10·5 5·24	52·4 ...	534·0 10·47	78·5 ...	... ...	... ...	... ...	15·7 ...	109·9 ...	... ...	1,481·9 31·41	52·4
Faridpur	325	126·2 6·15	... ...	... ...	... ...	227·7 ...	... ...	... ...	12·3 6·15	3·1 3·08	18·5 3·08	193·8 6·15	144·6 ...	... ...	... ...	... ...	6·2 ...	36·9 ...	... ...	932·3 27·69	52·3
Pubna	208	... ...	... ...	... ...	... ...	625·0 ...	... ...	... ...	... ...	14·4 4·81	... ...	158·7 4·81	96·2 ...	... ...	... ...	... ...	4·8 ...	38·5 ...	... ...	1,125·0 19·23	33·7
Murshidabad	226	... ...	... ...	... ...	... ...	154·9 ...	... ...	... ...	4·4 ...	8·8 4·42	26·5 ...	163·7 ...	8·8 ...	... ...	... ...	... ...	... ...	44·3 ...	... ...	606·2 8·85	26·5
Rajshahi, Central.	783	... ...	... ...	... ...	... ...	126·4 3·83	1·3 1·28	... ...	11·5 2·55	7·7 2·55	14·0 ...	143·0 3·83	14·0 ...	... ...	... ...	... ...	... ...	38·3 ...	... ...	461·0 17·88	25·5
Bogra	154	... ...	... ...	... ...	... ...	318·2 ...	... ...	... ...	13·0 ...	6·5 6·49	32·5 ...	136·4 12·99	6·5 ...	... ...	... ...	... ...	19·5 6·49	39·0 ...	... ...	785·7 32·47	26·0
Malda	105	... ...	... ...	... ...	... ...	638·1 ...	38·1 19·05	... ...	... ...	9·5 ...	76·2 ...	123·8 ...	142·9 ...	... ...	... ...	... ...	19·0 ...	57·1 ...	... ...	1,257·1 19·05	38·1
Dinajpur	254	... ...	... ...	... ...	7·9 3·94	177·2 3·94	3·9 ...	... ...	19·7 ...	12·8 3·94	31·5 ...	401·6 11·81	15·7 ...	... ...	... ...	3·9 ...	3·9 ...	31·5 ...	... ...	834·6 31·50	31·5
Rangpur	224	... ...	... ...	... ...	... ...	1,879·5 ...	... ...	... ...	8·9 ..	13·4 ...	142·9 8·93	754·5 ...	129·5 ...	... ...	... ...	... ...	4·5 ...	71·4 ...	... ...	3,348·2 8·93	71·4

1. ADMISSION-RATE. 2. DEATH-RATE PER 1,000 OF STRENGTH.

JAILS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Average number constantly sick, 1,000 of strength.
Jalpaiguri	103	...	...	...	...	233·0	9·7	...	9·7	...	77·7	68·0	68·0	...	...	...	...	58·3	...	893·2	29·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Purneah	208	...	4·8	4·8	...	274·0	14·4	...	4·8	14·4	9·6	192·3	52·9	...	...	14·4	72·1	62·5	...	980·8	28·8
		...	4·81	4·81	...	...	...	...	...	4·81	...	4·81	9·62	...	...	...	...	...	...	33·65	
Naya Dumka	136	...	...	...	...	110·3	...	...	...	7·4	...	147·1	7·4	...	...	...	...	22·1	...	316·2	7·4
		...	...	...	...	...	...	...	...	...	...	14·71	...	...	...	...	...	...	...	14·71	
Suri	213	...	...	...	...	84·5	4·7	4·7	...	9·4	9·4	89·2	28·2	...	...	...	...	32·9	...	431·9	9·4
		...	...	...	...	...	...	...	...	4·69	...	...	...	...	...	...	...	...	...	9·39	
Bankura	212	...	...	...	...	117·9	...	9·4	23·6	14.2	28·3	94·3	18·9	...	...	...	14·2	117·9	...	655·7	33·0
		...	...	...	...	...	...	...	...	...	...	9·43	...	...	...	...	...	...	...	9·43	
Midnapore, Central.	940	...	...	...	...	409·6	...	...	23·4	9·6	33·0	211·7	50·0	...	...	18·1	14·9	114·9	1·1	1,108·5	57·4
		...	...	...	...	...	...	...	7·45	7·45	...	7·45	...	...	...	...	...	...	1·06	28·72	
Balasore	139	...	...	...	...	129·5	...	...	28·8	...	21·6	129·5	115·1	...	...	7·2	7·2	57·6	...	690·6	21·6
		...	...	...	...	...	...	...	7·19	...	...	21·58	35·97	...	...	...	...	...	...	71·94	
Cuttack	334	...	...	...	...	158·4	...	...	3·0	26·9	24·0	77·8	29·9	...	...	...	...	53·9	...	524·0	24·0
		...	...	...	...	...	...	...	...	5·99	2·99	8·98	8·98	...	...	...	...	...	...	26·95	
Puri	110	...	...	...	...	418·2	9·1	...	...	27·3	...	63·6	9·1	...	...	...	9·1	9·1	...	627·3	9·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·09	
Angul	57	...	...	...	...	333·3	...	...	...	...	70·2	·4	491·2	...	...	...	...	105·3	...	1,508·8	70·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP IV.—BENGAL AND ORISSA.	12,016	12·3	·1	·1	·5	252·1	1·5	·2	16·6	10·0	30·9	257·1	66·3	...	·5	1·9	12·8	46·8	·1	908·6	36·4
		·92	·08	·08	·17	1·08	·33	...	4·49	3·41	·50	4·91	1·41	...	...	...	·25	...	·08	22·72	
A. Chaibassa	155	...	...	...	...	387·1	...	6·5	12·9	25·8	58·1	238·7	296·8	...	...	...	...	77·4	...	1,548·4	38·7
		...	...	...	...	...	...	...	...	...	...	6·45	...	...	...	...	...	...	...	6·45	
Purulia	214	...	...	...	...	341·1	...	...	18·7	14·0	88·8	70·1	46·7	...	...	...	4·7	32·7	...	747·7	23·4
		...	...	...	...	...	...	...	...	...	...	9·35	...	...	...	...	...	...	...	9·35	
Ranchi	137	...	...	...	...	182·5	...	...	7·3	43·8	36·5	204·4	21·9	...	...	...	21·9	14·6	...	627·7	21·9
		...	...	...	...	...	...	...	...	...	...	7·30	...	...	...	...	...	...	...	14·60	
Palamau	94	...	...	...	...	319·1	21·3	53·2	10·6	...	...	244·7	117·0	...	...	...	10·6	21·3	...	925·5	21·3
		...	...	...	...	...	10·64	...	...	...	...	...	...	...	...	...	...	...	...	10·64	
Hazaribagh, Central.	892	...	...	...	1·1	197·3	...	...	6·7	13·5	77·4	244·4	108·7	1·1	...	...	...	57·2	...	914·8	66·1
		...	...	...	...	...	...	...	3·36	...	...	5·61	3·36	1·12	...	...	...	...	...	17·94	
B. Gaya	422	...	...	...	2·4	222·7	...	...	9·5	2·4	7·1	92·4	26·1	...	...	...	...	14·2	...	436·0	9·5
		...	...	...	...	...	...	...	2·37	...	...	...	...	...	...	...	...	...	...	2·37	
Bhagalpur Central	1,719	...	·6	...	...	167·5	...	...	1·7	3·5	9·9	130·3	18·6	...	...	...	1·2	58·8	...	507·9	19·2
		...	·58	...	...	·58	...	...	1·75	1·16	...	1·16	·58	...	...	...	...	...	...	11·05	
Monghyr	290	...	3·4	...	...	65·5	...	...	6·9	..	34·5	151·7	37·9	...	...	...	3·4	20·7	.	448·3	17·2
		...	3·45	...	...	...	...	...	...	...	...	6·90	...	...	...	...	...	...	...	13·79	
Darbhanga	232	...	...	...	...	172·4	...	...	43·1	4·3	30·2	245·7	206·9	...	...	...	43·1	60·3	...	961·2	56·0
		...	...	...	...	...	...	...	12·93	4·31	...	8·62	...	...	...	...	4·31	...	...	30·17	
Champarun	230	...	...	...	...	1,321·7	...	...	...	...	13·0	82·6	73·9	...	...	...	52·2	95·7	...	1,817·4	30·4
		...	...	...	...	...	...	...	...	...	...	...	4·35	...	...	...	...	...	...	13·04	
Muzaffarpur	259	...	...	...	...	362·9	...	...	...	...	23·2	208·5	96·5	...	...	...	7·7	15·4	...	814·7	27·0
		...	...	...	...	...	...	...	...	...	...	15·44	3·86	...	...	...	3·86	...	...	27·03	
Patna	375	...	2·7	...	...	282·7	2·7	...	...	10·7	13·3	101·3	24·0	...	...	...	...	48·0	...	664·0	18·7
		...	2·67	...	...	...	...	...	...	5·33	...	2·67	2·67	...	...	...	...	...	...	13·33	
Arrah	234	...	...	4·3	...	141·0	12·8	...	...	...	17·1	136·8	29·9	...	...	...	17·1	21·4	...	491·5	21·4
		...	...	...	...	...	4·27	...	...	...	...	4·27	...	...	...	...	4·27	...	...	17·09	
Chapra	293	...	3·4	...	...	518·8	...	10·2	3·4	6·8	20·5	402·7	208·2	...	3·4	...	23·9	143·3	...	1,740·6	41·0
		...	3·41	...	...	...	...	...	...	3·41	...	10·24	...	...	..	...	...	...	...	27·30	
Buxar, Central	1,238	...	...	...	...	1,023·4	2·4	...	·8	4·8	48·5	218·1	214·9	...	...	...	26·7	52·5	...	1,827·9	52·5
		...	...	...	...	1·62	1·62	...	2·42	·81	...	7·27	...	...	...	...	·81	...	...	16·96	
Korantadih	36	...	...	...	...	277·8	...	...	27·8	...	...	27·8	...	...	...	...	27·8	27·8	...	500·0	133*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ghazipur	368	...	...	...	...	206·5	...	...	2·7	2·7	5·4	8·2	24·5	...	...	...	...	78·8	...	399·5	27·2
		...	...	...	...	...	...	...	...	2·72	...	...	..	...	...	...	...	...	...	10·87	
Azamgarh	256	7·8	...	3·9	...	285·2	3·9	...	11·7	7·8	35·2	7·8	39·1	...	7·8	...	11·7	58·6	...	750·0	27·3
		...	...	...	...	3·91	...	...	7·81	3·91	...	...	...	...	...	...	...	...	...	23·44	
Kasia	22	...	...	...	...	318·2	...	...	...	...	45·5	136·4	...	...	...	...	...	...	...	500·0	8·2*
		...	...	...	...	...	...	...	...	...	45·45	...	...	...	...	...	...	...	...	45·45	
Gorakhpur	510	...	...	...	...	294·1	...	...	...	25·5	21·6	403·9	37·3	...	2·0	...	72·5	151·0	...	1,472·5	62·7
		...	...	...	...	1·96	...	...	...	5·88	...	15·69	1·96	...	...	...	...	...	...	31·37	
Basti	255	...	...	3·9	...	458·8	...	...	3·9	7·8	3·9	51·0	7·8	...	...	...	7·8	125·5	...	780·4	19·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Fyzabad	376	...	...	...	...	191·5	...	...	...	8·0	18·6	31·9	26·6	...	...	2·7	45·2	109·0	...	699·5	34·6
		...	...	...	...	...	...	...	...	2·66	...	5·32	...	...	...	...	...	...	...	10·64	
Sultanpur	298	...	...	...	...	349·0	...	...	...	3·4	...	13·4	23·5	...	...	...	3·4	16·8	...	496·6	13·4
		...	...	...	...	13·36	...	...	...	...	...	3·36	3·36	...	...	...	...	...	...	13·42	
Rai Bareli	482	...	...	...	...	76·8	...	87·1	2·1	6·2	27·0	8·3	22·8	...	...	...	6·2	89·2	...	514·5	29·0
		...	...	...	...	...	...	...	...	...	2·07	...	...	...	...	...	...	...	...	14·52	

* Worked on the aggregates.

PRISONERS, 1904.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

Jails and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
						1. Admission-rate.						2. Death-rate per 1,000 of strength.									
Partabgarh	183	... ...	... ...	... ...	... ...	125·7 ...	... ...	... ...	5·5 5·46	5·5 ...	5·5 ...	38·3 ...	32·8 ...	... ...	... ...	... ...	10·9 ...	82·0 ...	... ...	475·4 5·46	16 4
Jaunpur	211	... ...	... ...	... ...	... ...	175·4 ...	19·0 .	14·2 ...	... ...	... ...	56·9 ...	28·4 ...	... ...	... ...	... ...	... ...	4·7 ...	113·7 ...	... ...	592·4 14·22	19·0
Benares, Central.	1,254	... ...	... ...	3·2 ...	... ...	173·0 ·80	... ...	... ...	4·8 3·19	3·2 ·80	8·0 ...	19·1 ·80	13·6 ·80	... ...	... ...	... ...	... ...	86·1 ...	... ...	452·2 10·37	19·9
Benares, District.	361	... ...	... ...	... ...	2·8 ...	133·0 ...	... ...	... ...	19·4 8·31	2·8 2·77	8·3 ...	63·7 11·08	24·9 2·77	... ...	... ...	... ...	5·5 5·54	88·6 ...	... ...	515·2 30·47	19·4
Mirzapur	201	... ...	... ...	19·9 ...	... ...	412·9 ...	... ...	... ...	... ...	... 9·95	44·8 ...	89·6 4·98	24·9 ...	... ...	... ...	... ...	... ...	104·5 ...	... ...	875·6 19·90	19·9
Allahabad, Central.	1,521	... ...	... ...	... ...	... ...	77·6 ·66	... ...	56·5 ...	14·5 4·60	5·3 ·66	16·4 ...	27·0 ...	36·2 ...	... ...	... ...	... ...	·7 ...	103·9 ...	... ...	524·0 13·81	36·8
Allahabad, District.	570	... ...	... ...	3·5 1·75	1·8 ...	59·6 ...	... ...	... ...	3·5 ...	17·5 1·75	21·1 1·75	15·8 ...	5·3 ...	... ...	... ...	... ...	7·0 ...	71·9 ...	... ...	407·0 10·53	24·6
Karwi	34	... ...	... ...	... ...	... ...	205·9 ...	... ...	... ...	... ...	29·4 ...	... ...	... ...	29·4 ...	... ...	... ...	... ...	... ...	176·5 ...	... ...	911·8 ...	29·4
Banda	239	... ...	... ...	... ...	... ..	778·2 4·18	... ...	... ...	4·2 ...	4·2 ...	46·0 ...	41·8 4·18	33·5 ...	... ...	16·7 ...	... ...	20·9 ...	213·4 ...	... ...	1,573·2 12·55	50·2
Fatehpur	200	... ...	... ...	... ...	... ...	845·0 5·00	... ...	... ...	... ...	15·0 10·00	30·0 ...	10·0 ...	40·0 ...	... ...	... ...	... ...	10·0 ...	25·0 ...	... ...	1,130·0 15·00	30·0
Hamirpur	99	... ...	... ...	... ...	... ...	949·5 ...	... ...	... ...	... ...	20·2 ...	90·9 ...	20·2 ...	50·5 ...	... ...	... ...	... ...	20·2 ...	343·4 ...	... ...	2,181·8 ...	50·5
Orai	126	... ...	... ...	... ...	... ...	873·0 ...	... ...	... ...	15·9 ...	... ...	23·8 ...	103·2 7·94	15·9 ...	... ...	... ...	... ...	... ...	214·3 ...	... ...	1,515·9 31·75	47·6
Cawnpore	395	... ...	... ...	... ...	... ...	291·1 ...	... ...	... ...	5·1 2·53	12·7 5·06	10·1 ...	27·8 2·53	15·2 ...	... ...	... ...	... ...	2·5 ...	75·9 ...	... ...	602·5 22·78	27·8
Unao	327	... ...	... ...	... ...	... ...	119·3 ...	9·2 ...	... ...	6·1 ...	9·2 6·12	24·5 ...	24·5 ...	9·2 ...	... ...	3· ...	... ...	15·3 ...	39·8 ...	... ...	400·6 6·12	12·2
Lucknow, Central.	1,361	2·2 ...	... ...	... ...	... ...	72·0 ...	1·5 ...	... ...	3·7 3·67	7·3 ...	5·1 ...	9·6 ·73	2·9 ...	... ...	... ...	·7 ...	·7 ...	38·2 ...	... ...	266·0 6·61	11·
Lucknow, District.	476	... ...	... ...	... ...	... ...	84·0 ...	4·2 ...	... ...	2·1 ...	16·8 2·10	2·1 ...	10·5 2·10	6·3 ...	... ...	... ...	... ...	6·3 ...	88·2 ...	... ...	395·0 6·30	14·7
Barabanki	405	... ...	... ...	... ...	... ...	209·9 ...	... ...	2·5 ...	... ...	4·9 2·47	17·3 ...	27·2 ...	17·3 ...	... ...	... ...	... ...	14·8 ...	46·9 ...	... ...	530·9 7·41	24·7
Gonda	464	... ...	... ...	... ...	... ...	129·3 ...	... ...	... ...	12·9 4·31	10·8 6·47	12·9 ...	28·0 8·62	17·2 6·47	... ...	... ...	... ...	30·2 ...	53·9 ...	... ...	452·6 25·86	30·2
Bahraich	274	... ...	... ...	... ...	... ...	299·3 ...	... ...	... ...	... ...	7·2 ...	3·6 ...	21·9 ...	21·9 ...	... ...	... ...	... ...	3·6 ...	120·4 ...	... ...	697·1 ...	25·5
Kheri	292	... ...	... ...	3·4 ...	... ...	150·7 ...	... ...	... ...	... ...	10·3 6·85	10·3 ...	13·7 ...	20·5 ...	... ...	... ...	... ...	3·4 ...	188·4 ...	... ...	633·65 6·8	20·5
Sitapur	473	2·1 ...	... ...	2·1 ...	... ...	65·5 ...	2·1 ...	... ...	... ...	8·5 4·23	10·6 2·11	21·1 ...	2·1 ...	... ...	... ...	... ...	... ...	90·9 ...	... ...	310·8 8·46	12·7
Hardoi	400	... ...	... ...	... ...	... ...	237·5 ...	... ...	... ...	2·5 ...	2·5 ...	... ...	15·0 ...	... ...	... ...	... ...	... ...	... ...	27·5 ...	... ...	340·0 7·50	10·0
Etawah	284	... ...	... ...	... ...	... ...	165·5 ...	... ...	... ...	10·6 ...	31·7 10·56	56·3 ...	95·1 ...	28·2 ...	... ...	... ...	... ...	7·0 ...	49·3 ...	... ...	658·5 21·13	24·6
Mainpuri	333	... ...	... ...	3·0 ...	3·0 ...	477·5 ...	... ...	... ...	3·0 ...	18·0 3·00	21·0 3·00	102·1 18·02	102·1 ...	... ...	24·0 ...	... ...	6·0 ...	99·1 ...	... ...	1,000·0 24·02	54·1
Etah	301	... ...	... ...	... ...	... ...	495·0 ...	... ...	... ...	10·0 ...	13·3 ...	33·2 ...	46·5 ...	13·3 ...	... ...	... ...	... ...	39·9 ...	136·2 ...	... ...	1,016·6 ...	43·2
Fatehgarh, Central.	1,475	... ...	... ...	... ...	·7 ...	244·1 ...	... ...	... ...	17·6 0·78	4·1 ...	17·6 ·68	49·5 3·39	27·8 ...	... ...	... ...	... ...	·7 ...	37·3 ...	... ...	570·2 14·92	33·2
Fatehgarh, District.	327	... ...	... ...	... ...	... ...	122·3 ...	... ...	... ...	3·1 ...	9·2 6·12	39·8 3·06	33·6 ...	12·2 ...	... ...	... ...	... ...	3·1 3·06	27·5 ...	... ...	385·3 18·35	15·3
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	21,973	·3 ...	·2 ·18	·7 ·05	·3 ...	272·0 ·46	1·0 ·18	6·4 ...	6·1 2·18	7·8 1·82	21·9 ·32	84·9 3·19	44·4 ·64	·0 ·05	·8 ...	·1 ...	9·5 ·32	72·7 ...	... ...	707·6 13·70	29·0
A.																					
Shahjahanpur	351	... ...	... ...	... ...	... ...	208·0 ...	... ...	... ...	8·5 2·85	11·4 ...	8·5 ...	59·8 2·85	22·8 ...	... ...	... ...	... ...	... ...	99·7 ...	... ...	783·5 17·0	28·5
Pilibhit	47	... ...	... ...	... ...	... ...	404·3 ...	... ...	... ...	... ...	21·3 ...	21·3 ...	21·3 ...	21·3 ...	... ...	... ...	... ...	... ...	85·1 ...	... ...	539·6 ...	21·3
Bareilly Central.	1,789	... ...	... ...	... ...	1·1 ...	214·1 ...	.. ...	... ...	16·8 4·47	1·1 ·56	23·5 1·12	8·9 ...	18·4 3·91	... ...	1·1 ...	... ...	25·2 ...	36·3 ...	... ...	425·4 13·97	30·2

* Worked on the aggregates.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.									2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.	
areilly, District.	797	82·8 7·53	... ...	... ...	... ...	383·9 ...	... ...	... ...	3·8 1·25	17·6 6·27	38·9 1·25	90·3 7·53	21·3 1·25	... ...	... ...	... ...	10·0 ...	102·9 1·25	2·5 1·25	951·1 30·11	35·1
udaon .	384	... ...	... ...	... ...	... ...	78·1 2·60	... ...	2·6 ...	5·2 ...	23·4 ...	13·0 ...	13·0 2·60	13·0 2·60	... ...	2·6 ...	... ...	7·8 ...	101·6 ...	... ...	393·2 7·81	15·6
igarh .	387	... ...	... ...	... ...	... ...	214·5 5·17	... ...	... ...	2·6 ...	5·2 ...	15·5 ...	18·1 ...	20·7 ...	... ...	... ...	... ...	... ...	59·4 ...	... ...	514·2 10·34	20·7
ulandshahr .	241	8·3 ...	... ...	... ...	8·3 4·15	170·1 ...	... ...	4·1 ...	... ...	12·4 ...	29·0 ...	45·6 ...	16·6 ...	... ...	12·4 ...	... ...	... ...	83·0 ...	... ...	477·2 4·15	20·7
oradabad .	398	... ...	... ...	... ...	... ...	530·2 ...	... ...	... ...	0 ...	7·5 7·54	15·1 5·03	45·2 2·51	17·6 ...	... ...	... ...	... ...	... ...	60·3 ...	... ...	836·7 20·10	22·6
jnor . .	303	... ...	... ...	... ...	... ...	320·1 ...	... ...	... ...	...	... ...	13·2 ...	3·3 ...	13·2 ...	... ...	3·3 ...	... ...	6·6 ...	141·9 ...	... ...	742·6 3·30	26·4
ehra Dun .	74	... ...	... ...	... ...	... ...	135·1 ...	... ...	... ...	... ...	13·5 13·51	27·0 ...	13·5 ...	54·1 13·51	... ...	... ...	... ...	13·5 ...	94·6 ...	... ...	527·0 27·03	27·0
haranpur .	309	16·2 ...	... ...	... ...	... ...	220·1 ...	... ...	... ...	.. ...	19·4 3·24	12·9 6·47	123·0 3·24	42·1 ...	... ...	... ...	... ...	38·8 3·24	106·8 ...	... ...	948·2 22·65	42·1
uzaffarnagar	179	... ...	... ...	... ...	... ...	340·8 ...	... ...	... ...	22·3 11·17	61·5 5·59	33·5 ...	50·3 ...	33·5 ...	... ...	... ...	... ...	11·2 ...	95·0 ...	... ...	893·9 44·69	39·1
eerut . .	598	28·4 ...	... ...	... ...	... ...	277·6 ...	... ...	... ...	6·7 ...	13·4 5·02	20·1 6·69	61·9 66·69	8·4 1·67	... ...	... ...	... ...	13·4 ...	63·5 ...	... ...	575·3 20·07	21·7
elhi . .	428	... ...	... ...	... ...	... ...	369·2 2·34	... ...	... ...	2·3 2·34	35·0 7·01	2·3 ...	35·0 2·34	16·4 ...	... ...	... ...	... ...	63·1 ...	198·6 ...	2·3 2·34	836·4 21·03	28·0
ohtak .	102	9·8 ...	... ...	... ...	9·8 ...	1,127·5 ...	... ...	... ...	... ...	9·8 ...	9·8 ...	49·0 ...	215·7 ...	... ...	... ...	... ...	9·8 ...	49·0 ...	... ...	1,745·1 9·80	29·4
ssar . .	169	... ...	... ...	... ...	... ...	751·5 ...	5·9 ...	... ...	29·6 ...	11·8 ...	35·5 ...	29·6 ...	266·3 ...	... ...	... ...	... ...	11·8 ...	325·4 ...	... ...	2,011·8 17·75	59·2
rnal . .	100	... ...	... ...	... ...	... ...	410·0 ...	... ...	... ...	... ...	40·0 10·00	20·0 ...	40·0 ...	80·0 ...	... ...	... ...	... ...	20·0 ...	100·0 ...	... ...	970·0 10·00	20·0
nballa .	558	... ...	... ...	... ...	... ...	313·6 ...	... ...	... ...	9·0 3·58	21·5 7·17	28·7 ...	57·3 5·38	95·0 5·38	... ...	... ...	... ...	16·1 ...	91·4 ...	... ...	774·2 25·09	28·7
B.																					
dhiana .	205	... ...	... ...	... ...	4·9 ...	82·9 ...	... ...	4·9 ...	4·9 ...	29·3 ...	... ...	9·8 ...	29·3 4·88	... ...	... ...	... ...	4·9 ...	126·8 ...	... ...	541·5 4·88	19·5
oshiarpur .	57	... ...	... ...	... ...	... ...	193·0 ...	... ...	17·5 ...	... ...	52·6 17·54	... ..	35·1 ...	105·3 ...	... ..	... ...	... ...	52·6 ...	122·8 ...	... ...	1,017·5 17·54	17·5
lundur .	256	... ...	... ...	... ...	... ...	171·9 ...	... ...	3·9 ...	7·8 ...	... ...	19·5 ...	27·3 ...	93·8 ...	... ...	... ...	... ...	3·9 ...	89·8 ...	... ...	593·8 ...	19·5
rozepore .	358	... ...	... ...	... ...	... ...	50·3 ...	... ...	92·2 ...	2·8 ...	16·8 8·38	75·4 ...	... ...	47·5 ...	... ...	... ...	... ...	25·1 ...	156·4 ...	... ...	681·6 11·17	25·1
nritsar .	164	... ...	... ...	... ...	... ...	408·5 ...	... ...	... ...	... ...	... ...	18·3 ...	122·0 ...	189·0 ...	... ...	... ...	... ...	54·9 ...	219·5 ...	... ...	1,189·0 12·20	30·5
hore, Central.	1,468	... ...	... ...	... ...	7·5 2·04	715·3 ...	... ...	... ...	14·3 8·86	27·9 8·86	64·0 ·68	96·7 4·09	91·3 ·68	... ...	... ...	1·4 ...	1·4 ...	186·0 ...	... ...	1,452·3 29·29	31·3
,, District	468	... ...	... ...	... ...	2·1 ...	301·3 ...	... ...	... ...	4·3 ...	36·3 10·68	68·4 2·14	134·6 6·41	106·8 ...	... ...	... ...	... ...	2·1 ...	109·0 ...	... ...	989·3 36·32	25·6
,, Female	148	... ...	... ...	... ...	... ...	317·6 ...	... ...	... ...	13·5 6·76	13·5 ...	94·6 6·76	101·4 ...	54·1 6·76	... ...	... ...	... ...	... ...	27·0 ...	... ...	770·3 27·03	27·0
rdaspur .	200	... ...	... ...	... ...	... ...	155·0 ...	... ...	... ...	... ...	15·0 5·00	25·0 5·00	90·0 ...	75·0 ...	... ...	... ...	... ...	15·0 ...	115·0 ...	... ...	665·0 10·00	20·0
jranwala .	331	... ...	... ...	... ...	... ...	277·9 ...	... ...	... ...	... ...	27·2 9·06	42·3 ...	15·1 ...	78·5 ...	... ...	... ...	3·0 ...	36·3 ...	132·9 ...	... ...	803·6 12·08	21·1
alkot .	272	... ...	... ...	... ...	... ...	286·8 ...	... ...	... ...	... ...	11·0 ...	22·1 ...	91·9 11·03	40·4 3·68	... ...	... ...	... ...	3·7 ...	99·3 ...	... ...	680·1 18·38	18·4
ijrat . .	100	... ...	... ...	... ...	... ...	410·0 ...	... ...	... ...	10·0 ...	30·0 ...	10·0 ...	60·0 ...	60·0 ...	... ...	... ...	... ...	... ...	130·0 ...	... ...	870·0 ...	20·0
elum .	171	... ...	... ...	... ...	... ...	251·5 ...	... ...	... ...	5·8 5·85	11·7 5·85	11·7 ...	40·9 ...	23·4 ...	... —	... ...	... ...	11·7 ...	122·8 ...	... ...	695·9 17·54	29·2
awalpindi .	727	... ...	... ...	... ...	... ...	299·9 2·75	... ...	... ...	1·4 1·38	16·5 4·13	13·8 ...	11·0 ...	45·4 4·13	... ...	... ...	... ...	57·8 1·38	86·7 ...	... ...	775·8 20·63	26·1
ROUP VI.—UPPER SUB-HIMALAYA.	12,139	7·5 ·50	... ...	... ...	1·5 ·33	334·6 ·50	·1 ...	3·1 ...	7·7 2·55	16·9 4·37	30·3 1·24	50·9 2·47	51·2 1·73	... ...	·6 ...	·2 ...	17·1 ·16	107·3 ·08	·2 ·16		27·6

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

Jails and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per
		1. Admission-rate. 2. Death-rate per 1,000 of strength.																			
A Peshawar	538	... ...	... ...	... ...	... ...	245·4 ...	... ...	... ...	... ...	1·9 ...	26·0 ...	70·6 5·58	35·3 ...	... ...	... ...	... ...	13·0 ...	176·6 ...	... ...	617·1 7·43	2
Kohat	134	... ...	... ...	... ...	... ...	694·0 ...	... ...	... ...	... ...	14·9 ...	7·5 ...	... ...	... ...	... ...	... ...	... ...	22·4 ...	119·4 ...	... ...	1,052·2 7·46	2
Bannu	129	... ...	... ...	... ...	... ...	333·3 ...	... ...	... ...	23·3 7·75	131·8 23·26	31·0 ...	100·8 ...	116·3 ...	... ...	... ...	7·8 ...	100·8 ...	310·1 ...	... ...	1,534·9 31·01	3
Shahpur	231	... ...	... ...	... ...	... ...	229·4 ...	... ...	... ...	... ...	... ...	30·3 ...	108·2 8·66	155·8 ...	... ...	... ...	... ...	13·0 ...	95·2 ...	... ...	900·4 17·32	2
Mianwali	325	... ...	... ...	... ...	3·1 3·08	412·3 3·08	9·2 ...	... ...	... ...	18·5 ...	55·4 ...	55·4 ...	412·3 ...	... ...	... ...	... ...	... ...	187·7 ...	... ...	1,470·8 12·31	3
Lyallpur	350	... ...	... ...	... ...	... ...	362·9 2·86	... ...	... ...	... ...	2·9 ...	5·7 ...	51·4 ...	17·1 ...	... ...	... ...	... ...	8·6 ...	160·0 ...	... ...	745·7 5·71	1
Jhang	222	... ...	... ...	... ...	... ...	387·4 ...	... ...	... ...	4·5 ...	27·0 9·01	36·0 ...	45·0 ...	117·1 ...	... ...	... ...	... ...	... ...	135·1 ...	... ...	905·4 13·51	2
Montgomery, Central.	2,031	13·3 ...	... ...	... ...	... ...	98·0 ...	... ...	... ...	14·3 7·39	5·9 ·49	31·0 ...	4·4 ·49	12·8 ...	... ...	... ...	... ...	3·4 ·49	65·0 ...	... ...	380·1 15·76	2
Mooltan, Central.	1,372	... ...	... ...	... ...	... ...	427·8 2·92	... ...	... ...	9·5 2·92	39·4 15·31	50·3 ·73	40·1 6·56	58·3 ...	... ...	... ...	1·5 ...	152·3 1·46	135·6 ...	... ...	1,105·0 33·53	6
„ District.	612	81·7 ...	... ...	1·6 ...	... ...	313·7 ...	... ...	11·4 ...	14·7 3·27	45·8 3·27	32·7 ...	63·7 1·63	50·7 ...	... ...	1·6 ...	... ...	3·3 ...	104·6 ...	... ...	1,062·1 11·44	5
Dera Ismail Khan.	405	... ...	... ...	... ...	... ...	533·3 ...	12·3 ...	... ...	... ...	9·9 4·94	51·9 2·47	135·8 2·47	121·0 ...	... ...	14·8 ...	4·9 ...	7·4 ...	242·0 ...	... ...	1,767·9 22·22	4
Dera Ghazi Khan.	300	... ...	... ...	... ...	... ...	403·3 3·33	... ...	... ...	3·3 ...	10·0 ...	23·3 ...	50·0 3·33	86·7 ...	... ...	... ...	... ...	3·3 3·33	170·0 ...	... ...	1,100·0 13·33	26
C Shikarpur	415	... ...	... ...	... ...	... ...	209·6 ...	... ...	... ...	2·4 2·41	45·8 9·64	38·6 ...	72·3 4·82	53·0 2·41	... ...	... ...	26·5 4·82	19·3 ...	26·5 2·41	... ...	571·1 28·92	21
Sind Gang	362	... ...	... ...	... ...	... ...	52·5 ...	8·3 2·76	2·8 ...	... ...	44·2 19·34	19·3 ...	5·5 ...	2·8 2·76	... ...	... ...	... ...	... ...	5·5 ...	... ...	185·1 33·15	8
Hyderabad, Central.	690	... ...	... ...	... ...	... ...	63·8 1·45	1·4 1·45	... ...	11·6 4·35	26·1 10·14	24·6 2·90	71·0 2·90	1·4 1·45	... ...	8·7 ...	15·9 ...	2·9 ...	50·7 ...	... ...	424·6 33·33	18
Kurrachee	249	... ...	... ...	... ...	... ...	172·7 ...	... ...	... ...	... ...	4·0 ...	40·2 ...	64·3 ...	52·2 4·08	... ...	4·0 ...	... ...	12·0 4·02	108·4 ...	... ...	739·0 8·03	28
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	8,365	9·2 ...	... ...	·1 ...	·1 ·12	260·1 ·96	1·4 ·24	1·0 ...	7·8 3·11	22·5 5·86	34·0 ·48	46·9 2·63	58·0 ·48	... ...	1·7 ...	3·2 ·24	31·6 ·60	110·7 ·12	... ...	787·1 20·20	31
A Rajkot	93	... ...	... ...	... ...	... ...	419·4 ...	... ...	... ...	... ...	21·5 ...	10·8 ...	10·8 ...	32·3 ...	... ...	... ...	... ...	10·8 ...	118·3 ...	... ...	741·9 ...	21
Ahmedabad, Central.	963	... ...	... ...	1·0 1·04	... ...	162·0 ...	1·0 ...	... ...	7·3 3·12	22·8 7·27	15·6 1·04	39·5 1·04	10·4 ...	... ...	1·0 ...	... ...	33·2 ...	48·8 ...	... ...	488·1 16·61	24
B Ajmer	349	... ...	... ...	... ...	... ...	80·2 ...	... ...	... ...	... ...	5·7 ...	17·2 ...	11·5 2·87	14·3 ...	... ...	... ...	... ...	2·9 ...	137·5 ...	... ...	475·6 5·73	20
Muttra	226	... ...	... ...	... ...	... ...	101·8 ...	... ...	... ...	4·4 ...	31·0 8·85	8·8 4·42	13·3 8·85	13·3 4·42	... ...	8·8 ...	... ...	... ...	48·7 ...	... ...	340·7 26·55	22
Agra, Central	1,930	... ...	... ...	... ...	... ...	308·3 ...	... ...	... ...	2·6 3·11	24·4 5·70	29·5 2·07	20·2 1·04	17·6 ...	... ...	... ...	... ...	·5 ...	99·5 ...	... ...	703·1 15·03	38
„ District	385	... ...	... ...	... ...	... ...	135·1 ...	... ...	... ...	10·4 5·19	13·0 5·19	20·8 ...	31·2 2·60	77·9 ...	2·6 2·60	... ...	... ...	... ...	122·1 ...	... ...	680·5 0·78	36
Jhansi	173	... ...	... ...	... ...	... ...	179·2 ...	11·6 ...	11·6 ...	5·8 ...	17·3 ...	34·7 ...	46·2 ...	5·8 ...	... ...	11·6 ...	5·8 ...	11·6 ...	150·3 ...	... ...	907·5 17·34	34
Lalitpur	52	... ...	... ...	... ...	... ...	365·4 19·23	38·5 ...	... ...	... ...	19·2 ...	... ...	19·2 ...	... ...	... ...	... ...	19·2 ...	... ...	326·9 ...	... ...	1,000·0 19·23	19
GROUP VIII.—S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,171	... ...	... ...	·2 1·24	... ...	226·1 ·24	1·2 ...	·5 ...	4·3 2·64	21·3 5·27	22·8 1·44	25·4 1·68	20·6 ·24	·2 ·24	1·2 ...	·5 ...	8·9 ...	95·7 ...	... ...	625·7 15·58	31

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE.								2. DEATH-RATE PER 1,000 OF STRENGTH.										ALL CAUSES.	Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.		
A.																					
amoh .	59	... ...	... ...	... ...	... ...	254·2 ...	... ...	... ...	... ...	33·9 ...	33·9 ...	16·9 ...	... ...	... ...	... ...	... ...	... ...	84·7 ...	... ...	796·6 ...	33·9
ugor .	91	... ...	... ...	... ...	... ...	307·7 ...	... ...	... ...	... ...	... ...	22·0 ...	197·8 10·99	... ...	... ...	... ...	... ...	44·0 ...	109·9 ...	... ...	1,153·8 21·98	54·9
bbulpore, Central.	775	... ...	... ...	... ...	... ...	33·5 ...	... ...	... ...	6·5 5·16	5·2 ...	28·4 1·29	1·3 ...	2·6 ...	... ...	... ...	... ...	1·3 ...	20·6 ...	... ...	189·7 11·61	12·9
arsinghpur .	89	... ...	... ...	... ...	... ...	134·8 ...	... ...	... ...	... ...	... ...	33·7 11·24	33·7 ...	11·2 ...	11·2 11·21	... ...	... ...	11·2 ...	33·7 ...	... ...	382·0 22·47	11·2
andla .	69	... ...	... ...	... ...	... ...	449·3 ...	... ...	... ...	... ...	29·0 ...	43·5 ...	43·5 ...	115·9 ...	... ...	... ...	... ...	... ...	87·0 ...	... ...	1,087·0 ...	29·0
laspur .	116	... ...	... ...	... ...	... ...	86·2 ...	... ...	... ...	17·2 8·62	8·6 ...	34·5 ...	17·2 ...	... ...	... ...	... ...	... ...	8·6 ...	... ...	... ...	241·4 8·62	8·6
mbalpur .	103	... ...	... ...	... ...	... ...	155·3 ...	... ...	... ...	9·7 ...	... ...	19·4 ...	68·0 ...	29·1 ...	... ...	29·1 ...	... ...	9·7 ...	9·7 ...	... ...	660·2 9·71	29·1
ipur, Central.	532	... ...	... ...	... ...	... ...	184·2 3·76	... ...	... ...	3·8 ...	3·8 3·76	9·4 ...	47·0 ...	35·7 ...	... ...	... ...	... ...	1·9 ...	52·6 ...	... ...	526·3 9·40	11·3
laghat .	52	... ...	... ...	... ...	... ...	230·8 ...	... ...	... ...	... ...	19·2 19·23	76·9 19·23	38·5 ...	38·5 ...	... ...	... ...	... ...	38·5 ...	192·3 19·23	... ...	980·8 57·69	38·5
oni . .	53	... ...	... ...	... ...	... ...	358·5 ...	... ...	... ...	18·9 ...	... ...	18·9 ...	37·7 ...	56·6 ...	... ...	... ...	... ...	94·3 ...	113·2 ...	... ...	1,264·2 ...	37·7
hindwara .	52	... ...	... ...	... ...	... ...	38·5 ...	... ...	... ...	... ...	... 19·23	19·2 ...	... ...	19·2 ...	... ...	... ...	... ...	... ...	38·5 ...	... ...	153·8 19·23	2·5*
shangabad	116	... ...	... ...	... ...	... ...	534·5 ...	... ...	... ...	... ...	25·9 8·62	34·5 ...	267·2 25·86	206·9 ...	... ...	... ...	... ...	... ...	181·0 ...	... ...	1,594·8 34·48	43·1
nar . .	91	... ...	... ...	... ...	... ...	263·7 ...	... ...	... ...	... ...	22·0 ...	... ...	87·9 ...	164·8 ...	... ...	... ...	... ...	... ...	164·8 ...	... ...	1,516·5 10·99	54·9
tul . .	51	... ...	... ...	... ...	... ...	137·3 ...	... ...	... ...	19·6 ...	39·2 ...	19·6 ...	... ...	78·4 ...	... ...	... ...	... ...	... ...	58·8 ...	... ...	627·5 ...	19·6
gpur, Central.	708	1·4 ...	... ...	... ...	... ...	148·3 ...	... ...	25·4 ...	12·7 5·65	4·2 ...	41·0 ...	53·7 1·41	66·4 1·41	... ...	... ...	... ...	2·8 ...	41·0 ...	... ...	661·0 9·89	26·8
andara .	70	... ...	... ...	... ...	... ...	285·7 ...	... ...	42·9 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	14·3 ...	 ...	... ...	500·0 ...	14·3
ardha .	57	... ...	... ...	... ...	... ...	70·2 ...	... ...	... ...	... ...	17·5 ...	17·5 ...	17·5 ...	87·7 ...	... ...	... ...	... ...	... ..	17·5 ...	... ...	631·6 ...	17·5
anda .	61	... ...	... ...	... ...	... ...	229·5 ...	... ...	... ...	... ...	16·4 ...	49·2 ...	16·4 ...	16·4 ...	... ...	... ...	... ...	... ...	163·9 ...	... ...	754·1 16·39	16·4
B.																					
cunderabad	87	... ...	... ...	... ...	... ...	172·4 ...	... ...	... ...	... ...	11·5 ...	46·0 ...	46·0 ...	11·5 ...	... ...	... ...	... ...	11·5 11·49	92·0 ...	... ...	896·6 11·49	23·0
otmahl .	41	... ...	24·4 24·39	... ...	... ...	48·8 ...	... ...	... ...	... ...	... ...	... ...	48·8 ...	... ...	... ...	... ...	... ...	... ...	24·4 ...	... ...	390·2 24·3	24·4
raoti, Central.	271	... ...	... ...	... ...	... ...	110·7 ...	... ...	... ...	3·7 3·69	... ...	11·1 ...	14·8 ...	22·1 ...	... ...	3·7 ...	... ...	3·7 ...	59·0 ...	... ...	409·6 14·7	11·1
ola, Central	286	... ...	... ...	... ...	... ...	356·6 ...	... ...	... ...	... ...	... ...	14·0 3·50	21·0 ...	104·9 3·50	... ...	... ...	3·5 ...	28·0 ...	76·9 ...	... ...	839·2 13·99	17·5
sim . .	44	... ...	... ...	... ...	... ...	68·2 ...	... ...	22·7 ...	... 22·73	22·7 ...	45·5 ...	68·2 ...	22·7 ...	... ...	... ...	... ...	... ...	... ...	... ...	636·4 45·45	22·7
dana .	56	... ...	... ...	... ...	... ...	71·4 ...	... ...	... ...	17·9 ...	... ...	17·9 ...	... ...	... ...	... ...	... ...	... ...	... ...	53·6 ...	... ...	285·7 ...	17·9
ulia . .	446	... ...	... ...	6·7 2·24	... ...	493·3 ...	... ...	... ...	6·7 2·24	13·5 8·97	11·2 ...	76·2 ...	29·1 ...	... ...	... ...	... ...	26·9 ...	83·0 ...	... ...	995·5 17·94	29·1
rowda, Central.	1,452	... ...	... ...	·7 ...	... ...	91·6 ...	... ...	... ...	4·1 2·07	4·8 ·69	37·9 ·69	33·7 ·69	39·3 2·07	... ...	... ...	... ...	6·2 ·69	101·9 ...	... ...	650·8 9·64	31·0
apur .	308	... ...	... ...	... ...	... ...	58·4 ...	... ...	... ...	3·2 ...	6·5 ...	9·7 ...	51·9 ...	13·0 ...	... ...	3·2 ...	... ...	... ...	29·2 ...	... ...	327·9 3·25	13·0
ccan Gang	808	... ...	2·5 2·48	... ...	... ...	148·5 ...	3·7 1·24	47·0 ...	... ...	7·4 2·48	18·6 ...	27·2 2·48	12·4 ...	... ...	... ...	... ...	2·5 ...	179·5 ...	... ...	659·7 16·09	27·2
arwar .	343	... ...	... ...	... ...	2·9 2·92	75·8 ...	... ...	... ...	2·9 ...	17·5 8·75	11·7 ...	113·7 ...	20·4 ...	... ...	... ...	... ...	2·9 ...	5·8 ...	... ...	405·2 20·41	17·5
OUP IX.—ECCAN.	7,287	1 ...	·4 ·41	·5 ·14	·1 ·14	161·7 ·27	·4 ·14	8·2 ..	4·7 2·06	7·3 2·06	25·1 ·69	44·2 1·10	36·2 ·69	·1 ·14	·7 ...	·1 ...	7·3 ·27	76·7 ·14	... ...	617·7 12·63	23·3

* Worked on the aggregates.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII

Jails and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per
		1. Admission rate. 2. Death-rate per 1,000 of strength.																			
Thana	684	...	...	...	...	143·3	2·9	...	24·9	5·8	62·9	39·5	24·9	...	...	5·8	2·9	29·2	...	473·7	26·
		...	...	...	...	...	...	...	14·62	...	...	...	1·46	...	...	1·46	...	...	...	23·39	
Bombay, Common.	412	...	...	2·4	...	538·8	4·9	2·4	17·0	14·6	21·8	...	87·4	...	...	2·4	12·1	63·1	...	1,293·7	26·
		..	...	...	...	...	...	...	2·43	7·28	2·43	...	...	...	...	...	...	...	...	21·84	
Bombay, House of Correction.	234	...	...	...	4·3	269·2	...	...	29·9	8·5	25·6	...	102·6	...	...	4·3	29·9	55·6	...	782·1	34·
		...	...	...	...	...	...	...	29·91	...	4·27	...	...	...	...	...	...	...	...	55·56	
Ratnagiri	117	...	...	...	...	119·7	...	...	8·5	...	17·1	153·8	17·1	...	...	...	17·1	51·3	...	495·7	17·
		...	...	...	...	...	...	...	...	...	17·09	8·55	...	...	...	...	...	...	...	25·64	
Karwar	174	...	...	...	...	46·0	11·5	...	...	5·7	40·2	103·4	28·7	...	.	...	...	17·2	...	385·1	17·
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mangalore	118	...	...	...	...	42·4	...	...	8·5	...	8·5	33·9	...	...	...	...	...	...	...	178·0	8·
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16·95	
Cannanore, Central	767	...	...	...	24·8	65·2	...	30·0	13·0	10·4	24·8	24·8	1·3	...	...	...	6·5	13·0	...	361·1	22·
		...	...	...	6·52	...	...	...	3·91	1·30	3·91	3·91	...	...	...	...	...	...	...	23·47	
GROUP X.—WESTERN COAST.	2,506	...	...	·4	8·0	183·6	2·4	9·6	17·2	8·4	34·7	34·3	33·9	...	...	2·4	8·4	31·1	...	583·8	23·
		...	...	...	2·00	...	...	...	8·38	1·60	2·79	1·60	·40	...	...	·40	...	...	...	24·34	
A.																					
Bellary	525	...	...	...	...	342·9	...	1·9	34·3	9·5	19·0	11·4	...	...	...	...	...	76·2	...	756·2	38·
		...	...	...	...	3·81	...	...	9·52	1·90	...	1·90	...	...	...	...	...	...	...	26·67	
Salem, Central	601	...	...	...	...	54·9	...	...	5·0	8·3	3·3	18·3	...	...	...	...	...	10·0	...	184·7	15·
		...	...	...	...	3·33	...	...	6·66	1·66	...	...	...	...	...	...	...	...	...	11·65	
Coimbatore, Central	1,069	...	·9	...	...	42·1	...	14·0	11·2	12·2	25·3	47·7	15·0	...	...	...	14·0	44·9	...	445·3	20·
		...	·94	...	...	·94	...	...	·94	1·87	...	1·87	...	...	...	...	...	...	...	10·29	
B.																					
Palamcottah	356	...	...	...	...	50·6	...	19·7	8·4	5·62	28·1	56·2	...	...	...	...	...	67·4	...	449·4	19·
		...	...	...	...	...	...	...	5·62	2·81	...	...	...	...	...	...	...	...	...	11·24	
Madura	423	...	4·7	...	...	153·7	...	...	4·7	2·4	42·6	18·9	...	...	...	...	...	37·8	...	458·6	18·
		...	2·36	...	...	...	...	...	2·36	...	...	2·36	...	...	...	...	...	...	...	11·82	
Trichinopoly, Central	883	...	...	...	...	98·5	...	...	13·6	3·4	43·0	53·2	...	...	...	...	...	49·8	...	540·2	15·
		...	...	...	...	1·13	...	...	3·40	...	...	1·13	...	...	...	...	...	...	...	12·46	
Tanjore	339	...	...	...	...	14·7	2·9	...	2·9	5·9	23·6	53·1	...	...	...	...	53·1	32·4	...	392·3	20·6
		...	...	...	...	...	2·95	...	...	2·95	2·95	2·95	...	...	...	...	11·80	...	...	44·25	
Cuddalore	331	...	...	...	...	48·3	...	3·0	6·0	...	9·1	57·4	...	...	...	...	...	27·2	...	299·1	21·1
		...	...	...	...	...	...	...	3·02	...	...	...	...	...	...	...	...	...	...	3·02	
Vellore, Central	1,064	23·5	...	...	·9	40·4	...	71·4	5·6	13·2	22·6	28·2	...	...	...	...	...	63·0	1·9	484·0	21·6
		...	...	...	...	...	...	...	2·82	3·76	·94	...	...	...	...	...	...	...	...	11·28	
Madras, Civil	34	...	...	...	...	117·6	...	...	...	...	...	58·8	...	...	...	...	...	...	...	205·9	5·6*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Madras Penitentiary, Central.	1,091	...	...	...	...	108·2	...	22·0	15·6	5·5	57·7	83·4	...	...	...	...	11·9	21·1	...	539·0	22·0
		...	...	...	...	3·67	...	...	9·17	...	1·83	5·50	...	...	...	...	...	...	...	22·91	
Nellore	222	...	4·5	...	...	45·0	...	9·0	...	4·5	45·0	13·5	...	...	...	...	...	31·5	...	328·8	13·5
		...	...	...	...	4·50	...	...	4·50	...	...	...	...	...	...	...	...	...	...	13·51	
C.																					
Rajamundry, Central.	823	...	...	...	...	88·7	...	...	13·4	2·4	12·2	66·8	1·2	1·2	...	...	4·9	19·4	...	377·9	12·2
		...	...	...	...	1·22	...	...	1·22	2·43	...	1·22	1·22	1·22	...	...	...	...	...	15·80	
Vizagapatam	468	...	...	...	...	27·8	...	...	4·3	10·7	17·1	47·0	4·3	...	...	...	...	8·5	...	203·0	12·8
		...	...	...	...	...	...	...	2·14	...	...	2·14	2·14	...	...	...	...	...	...	14·96	
Berhampur	108	...	...	...	...	379·6	...	...	9·3	...	9·3	111·1	222·2	...	...	...	9·3	...	...	1,092·6	37·0
		...	...	...	...	...	...	...	9·26	...	...	...	...	...	...	...	...	...	...	37·04	
GROUP XI.—SOUTHERN INDIA.	8,337	3·0	·5	...	·1	90·1	·1	15·1	10·8	7·1	27·8	47·4	5·2	·1	...	...	6·1	37·8	·2	450·3	19·7
		...	·24	..	...	1·44	·12	...	4·08	1·44	·48	1·68	·24	·12	...	...	·48	...	...	15·83	

* Worked on the aggregates.

Jails groups and administrations.	Average annual strength.	Influenza.	Cholera	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
		1. Admission rate.									2. Death-rate per 1,000 of strength.										
Shillong	51	... ...	... ...	... ...	19·6 19·61	215·7 ...	... ...	... ...	... ...	... ...	19·6 ...	78·4 ...	19·6 19·61	... ...	.. ...	... ...	... ...	19·6 ...	... ...	431·4 39·22	19·6
Darjeeling	107	... ...	... ...	... ...	... ...	532·7 ...	... ...	... ...	28·0 ...	84·1 9·35	140·2 ...	168·2 ...	93·5 9·35	... ...	... ...	... ...	.. ...	56·1 ...	... ...	1,355·1 18·69	65·4
Almora	77	... ...	... ...	... ...	... ..	116·9 ...	... ...	207·8 ...	... ...	... ...	64·9 ...	51·9 ...	77·9 ...	... ...	... ...	... ...	26·0 ...	26·0 ...	... ...	727·3 ...	26·0
Pauri	13	... ...	... ...	... ...	... ...	... ...	... ...	76·9 ...	... ...	... ...	... ...	...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	153·8 ...	6·4*
Simla	15	... ...	... ...	... ...	... ...	66·7 ..	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	.. ...	133·3 66·67	1·3*
Abbottabad	91	... ...	... ...	... ...	... ...	186·8 ...	... ...	... ...	... ...	22·0 ...	11·0 ...	44·0 ...	11·0 ...	... ...	... ...	... ...	22·0 ...	54·9 ...	... ...	461·5 10·99	11·0
Quetta	63	... ...	... ...	... ...	... ...	730·2 ...	... ...	15·9 ...	.. ...	... ...	79·4 ...	142·9 ...	47·6 ...	.. ...	... ...	... ...	... ...	190·5 ...	... ...	1.714·3 ...	31·7
Mercara	67	... ...	... ...	... ...	... ...	29·9 ...	... ...	... ...	... ...	44·8 29·85	14·9 ...	14·9 ...	29·9 14·93	... ...	... ...	... ...	44·8 44·78	29·9 ...	... ...	223·9 89·55	14·9
Russellkonda	98	... ...	... ...	... ...	... ...	10·2 ...	20·4 ...	20·4 ...	... ...	20·4 ...	40·8 ...	51·0 20·41	... ...	... ...	... ...	... ...	61·2 ...	10·2 ...	... ...	398·05 20·41	20·4
Group XII.—Hills.	582	... ...	... ...	... ...	1·7 1·72	247·4 ...	3·4 ...	34·4 ...	5·2 ...	27·5 5·15	55·0 ...	77·3 3·44	39·5 5·15	... ...	... ...	... ...	22·3 5·15	49·8 ...	... ...	740·5 24·03	27·5
Extra India—Aden	54	... ...	... ...	... ...	... ...	203·7 ...	... ...	... ...	... ...	18·5 ...	18·5 ...	37·0 ...	92·6 18·52	... ...	... ...	... ...	18·5 ...	18·5 ...	... ...	592·6 18·52	37·0
INDIA	104,325	4·1 ·17	·5 ·30	·2 ·04	·5 ·13	344·3 ·90	2·1 ·42	7·0 ...	9·0 3·64	10·3 2·80	31·4 ·77	96·0 3·58	45·1 1·04	·1 ·06	·5 ...	·8 ·03	10·7 ·35	71·5 ·04	·1 ·07	841·1 19·91	32·5
Andamans	13,972	3·9 ·07	... ...	... ...	... ...	1,173·4 2·43	8·1 2·08	... ...	12·5 7·23	7·6 2·86	72·1 1·50	162·5 7·94	66·4 1·50	·1 ·07	... ...	1·6 ...	·1 ...	70·8 ...	·4 ·26	1,909·2 34·78	63·6
Burma	11,704	1·9 ...	2·9 1·71	·1 ...	... ...	51·8 ·68	1·7 ·26	26·1 ...	6·4 2·99	2·6 ·68	9·1 ·43	47·9 2·82	29·2 1·62	·2 ·09	... ...	·1 ...	6·8 ·43	56·6 ·09	... ...	386·7 18·63	19·9
Assam	1,270	... ...	·8 ·79	... ...	1·6 ·79	156·7 ...	9·4 ...	6 3 ...	5·5 3·15	7·9 3·94	18·1 ...	212·6 11·02	37·8 ·79	... ...	... ...	·8 ...	19·7 4·72	31·5 ...	... ...	639·4 29·13	34·6
Bengal	18,907	7·8 ·58	·3 ·26	·1 ·05	·4 ·11	309·3 ·85	1·4 ·42	·6 ...	12·6 3·54	9·2 2·59	32·2 ·32	228·6 4·87	77·3 1·32	·1 ·05	·4 ...	1·2 ...	12·2 ·37	48·9 ...	·1 ·05	932·4 19·89	35·8
United Provinces.	23,902	4·0 ·25	... ...	·6 ·04	·3 ·04	229·8 ·46	·7 ...	6·4 ...	6·7 2·30	10·6 2·64	19·5 ·96	39·9 2·34	21·4 ·79	·0 ·04	1·1 ...	·2 ...	9·2 ·17	82·2 ·04	·1 ·04	612·1 14·56	28·1
Punjab	11,740	6·6 ...	... ...	·1 ...	1·3 ·34	341·9 ·85	·3 ...	3·7 ...	8·2 3·41	21·4 5·45	36·9 ·43	48·6 2·56	74·2 ·85	... ...	·1 ...	·4 ...	30·0 ·43	125·6 ...	·1 ·09	906·8 19·76	31·2
N.-W. Frontier Province.	1,297	... ...	... ...	... ...	... ...	386·3 ...	3·9 ...	... ...	2·3 ·77	20·0 3·86	31·6 ·77	84·8 3·08	64·8 ...	... ...	4·6 ...	2·3 ...	21·6 ...	195·8 ...	... ...	1,101·8 14·65	31·6
Bombay	7,804	... ...	·3 ·26	·8 ·26	·3 ·13	169·3 ·13	1·8 ·38	5·1 ...	7·6 3·72	15·2 4·87	27·7 1·03	46·3 1·15	29·5 1·15	... ...	1·2 ...	3·6 ·38	11·1 ·26	69·6 ·13	... ...	599·6 19·22	24·6
Central Provinces	3,843	·3 ...	·3 ·26	... ...	... ...	168·1 ·52	... ...	5·7 ...	6·0 2·86	6·5 1·30	25·2 1·04	41·1 1·30	44·8 ·52	·3 ·26	1·0 ...	·3 ·26	7·3 ...	54·6 ·26	... ...	588·3 12·49	20·3
Madras	9,320	2·7 ...	·4 ·21	... ...	2·1 ·54	86·6 1·29	·3 ·11	16·2 ...	10·8 3·97	7·4 1·39	27·5 ·75	45·4 2·04	4·7 ·21	·1 ·11	... ...	... ...	6·7 ·43	35·0 ...	... ·2	438·9 16·52	19·7

* Worked on the aggregates.

TABLE XLIII.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

Jails and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Port Blair	13,972	55	...	...	...	16,395	113	...	174	106	1,008	2,270	928	1	...	22	1	989	5	26,676	2	...	7	1	2	888
		1	...	...	...	34	29	...	101	40	21	111	21	1	...	...	...	...	4	486	...	...	...	1	...	
Mergui	56	...	4	...	...	16	...	...	...	...	1	7	7	...	...	...	...	...	...	46	...	...	...	...	...	1
		...	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Tavoy	84	...	...	...	...	14	1	...	...	...	...	6	1	...	...	...	...	2	...	34	...	...	...	...	...	2
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Moulmein	503	...	2	...	...	21	2	...	2	1	5	19	16	...	...	1	...	53	...	221	1	...	...	...	...	13
		...	1	...	...	...	1	...	1	...	...	2	...	...	...	...	...	...	...	6	...	...	...	...	...	
Shwegyin	148	...	...	...	...	8	4	...	...	1	1	9	7	...	...	...	2	13	...	61	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Toungoo	394	22	...	...	...	8	...	3	3	...	...	9	2	...	...	...	...	26	...	296	...	...	...	...	...	17
		...	...	...	...	...	...	...	3	...	...	...	1	...	...	...	...	...	...	5	...	...	...	...	...	
Rangoon, Central, (Europeans)	23	...	...	...	...	2	...	9	...	1	...	7	2	...	...	...	...	1	...	31	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rangoon Central, (Natives)	2,027	...	...	...	...	55	...	196	16	6	17	33	13	...	...	...	6	167	...	882	...	...	...	...	...	42
		...	...	...	...	...	..	...	5	1	...	2	...	...	...	...	2	1	...	32	...	...	...	...	...	
Maubin	360	...	2	...	...	16	...	...	...	...	1	5	3	...	...	...	1	9	...	76	...	...	...	...	...	4
		...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	5	...	...	...	...	...	
Myaungmyo	458	...	...	...	...	28	1	...	1	1	1	47	34	...	...	...	...	46	...	206	...	...	...	...	...	8
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Bassein, Central	855	...	...	...	...	49	1	25	18	9	4	12	2	...	...	...	2	79	...	310	...	...	...	2	...	18
		...	...	...	...	...	1	...	3	3	1	...	1	...	...	...	...	...	...	18	...	...	...	...	...	
Insein, Central	1,911	...	...	...	...	34	...	65	1	1	9	1	1	...	...	...	1	37	...	229	...	...	...	...	...	12
		...	.	...	...	1	...	...	2	...	1	...	...	...	...	...	...	...	...	13	...	...	...	...	...	
Henzada	409	...	...	...	...	23	1	...	1	...	2	1	1	1	...	...	13	25	...	96	...	...	...	...	...	4
		...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	5	...	...	...	...	...	
Myanaung	80	...	...	...	...	6	...	...	...	1	1	2	7	...	...	...	...	7	...	35	..	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	5	...	...	...	...	...	
Sandoway	67	...	...	...	...	7	...	...	...	...	...	3	1	...	...	..	...	2	...	26	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	
Kyaukpyu	104	...	...	...	...	10	...	...	...	...	...	1	1	...	...	...	...	7	...	40	...	...	...	...	...	2
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Akyab	422	...	...	...	..	1	1	...	...	...	3	3	1	...	...	...	8	9	...	97	...	...	...	...	...	5
		...	...	...	...	1	1	...	...	...	1	1	1	...	...	...	1	..	...	12	...	...	...	...	...	
GROUP I.—BURMA COAST AND BAY ISLANDS.	21,873	77	8	...	...	16,693	124	298	216	127	1,053	2,435	1,027	2	...	23	34	1,472	5	29,362	3	...	7	3	2	1,023
		1	6	...	...	38	32	...	117	45	24	119	26	2	...	...	3	1	4	594	...	...	...	1	...	
Paungdi	174	...	...	...	...	7	...	...	...	...	...	7	...	...	...	...	...	1	...	27	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Prome	284	...	...	...	...	15	...	...	1	...	2	13	6	...	...	...	...	38	...	143	...	...	...	...	...	10
		...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	3	...	...	...	...	...	
Thayetmyo, Central.	852	...	...	...	...	20	...	5	9	3	21	54	27	...	...	...	23	68	...	341	...	...	...	...	...	13
		...	...	...	...	...	...	...	2	1	...	3	1	...	...	...	...	...	...	11	...	...	...	...	...	
Taungdwingyi	56	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Magwe	118	...	...	...	...	...	...	...	...	...	1	4	4	...	...	...	1	5	...	28	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Minbu	66	...	...	...	...	17	...	...	1	...	3	5	12	...	..	...	2	12	...	80	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yamethin	97	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	4	...	14	...	...	...	...	...	1
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Meiktila	79	...	...	...	...	5	...	...	...	1	...	7	1	...	...	...	...	3	...	31	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Pagan	65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	5	...	...	...	...	...	..
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Pakôkku	59	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Myingyan, Central.	779	...	2	...	...	51	2	...	9	1	10	72	52	...	...	...	9	26	...	358	2	...	...	...	...	25
		...	2	...	...	...	...	...	5	...	1	2	4	...	...	...	...	...	...	20	...	...	...	...	...	
Mandalay, Central.	744	...	24	1	...	128	...	1	12	1	14	218	118	...	...	...	5	5	...	609	4	2	...	...	...	32
		...	12	...	..	4	...	...	10	1	1	16	5	...	...	...	1	...	...	59	...	...	...	...	...	
Monywa	80	...	...	...	...	1	...	...	...	1	1	1	...	...	...	...	...	1	...	17	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Shwebo	155	...	...	...	...	10	7	...	...	2	6	2	2	...	...	...	1	...	...	33	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	3	...	...	...	...	...	
Bhamo	68	...	...	...	...	34	...	...	...	...	2	5	13	...	...	...	2	10	...	94	..	...	...	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	
Katha	73	...	...	...	...	11	...	...	...	...	1	8	4	1	...	...	2	2	...	33	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	4	..	...	...	...	...	
Kindat	54	...	...	...	...	7	...	...	...	...	...	...	3	...	...	...	2	3	...	18	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...		
GROUP II.—BURMA INLAND	3,803	...	26	1	...	308	9	7	33	10	62	396	243	1	...	...	47	179	...	1,840	6	2	...	...	...	98
		...	14	...	...	4	...	...	19	3	2	25	14	...	...	...	2	...	...	110	...	...	...	...	...	

												1. Admissions.					2. Deaths.									
Jails, and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Cachar	60	... ...	... ...	... ...	... ...	7 ...	... ...	... ...	... ...	2 1	.. ...	20 ...	1 ...	... ...	... ...	... ...	3 ...	1 ...	... ...	36 2	... ...	... ...	... ...	... ...	... ...	2
Sibsagar	63	... ...	... ...	... ...	... ...	18 ...	2 ...	... ...	1 ...	... ...	3 ...	11 ...	1 ...	... ...	... ...	... ...	1 ...	2 ...	... ...	57 ...	... ...	... ...	... ...	... ...	... ...	3
Dibrugarh	97	... ...	1 1	... ...	... ...	30 ...	... ...	... ...	1 ...	... ...	3 ...	18 2	14 ...	... ...	... ...	1 ...	3 1	6 ...	... ...	93 4	... ...	1 ...	... ...	... ...	... ...	3
Tezpur	231	... ...	... ...	... ...	... ...	32 ...	... ...	... ...	2 1	... ...	4 ...	27 ...	3 ...	... ...	... ...	... ...	17 5	1 ...	... ...	109 6	... ...	... ...	... ...	... ...	... ...	8
Gauhati	312	... ...	... ...	... ...	1 ...	25 ...	... ...	8 ...	2 2	4 2	7 ...	119 10	12 ...	... ...	... ...	... ...	... ...	12 ...	... ...	240 15	1 ...	2 ...	... ...	... ...	... ...	17
Sylhet	456	... ...	... ...	... ...	... ...	76 ...	10 ...	... ...	1 1	4 2	5 ...	71 2	16 ...	... ...	... ...	... ...	1 ...	17 ...	... ...	255 8	... ...	... ...	... ...	7 1	... ...	10
GROUP III.—ASSAM.	1,219	... ...	1 1	... ...	1 ...	188 ...	12 ...	8 ...	7 4	10 5	22 ...	265 14	47 ...	.. ...	... ...	1 ...	25 6	39 ...	... ...	790 35	1 ...	3 ...	... ...	7 1	... ...	43
Mymensingh	559	... ...	... ...	... ...	... ...	134 ...	... ...	... ...	34 3	5 1	7 ...	249 2	20 ...	... ...	... ...	1 ...	21 1	32 ...	... ...	732 10	... ...	... ...	... ...	... ...	... ...	26
Dacca, Central	1,118	... ...	... ...	... ...	... ...	125 ...	... ...	... ...	3 4	6 2	93 ...	246 1	36 1	... ..	... ...	... ...	16 1	39 ...	... ...	743 15	3 ...	... ...	... ...	... ...	... ..	24
Tippera	314	... ...	... ...	... ...	... ...	32 ...	... ...	... ...	9 ...	2 1	5 ...	80 ...	33 1	... ...	... ...	... ...	1 ...	4 ...	... ...	199 3	... ...	... ...	... ...	... ...	... ...	7
Chittagong	129	... ...	... ...	... ...	1 ...	134 ...	1 ...	... ...	1 1	... ...	2 ...	24 1	33 ...	... ...	... ...	... ...	1 ...	4 ...	... ...	234 5	... ...	... ...	... ...	... ...	... ...	7
Noakhali	147	... ...	... ...	... ...	... ...	24 ...	... ...	... ...	1 1	1 1	4 ...	115 2	4 ...	... ...	... ...	... ...	... ...	2 ...	... ...	157 5	... ...	... ...	... ...	... ...	... ...	5
Backergunge	518	... ...	... ...	... ...	... ...	234 ...	... ...	... ...	5 2	27 14	50 1	303 ...	145 ...	... ...	... ...	... ...	33 ...	18 ...	... ...	1,000 20	... ...	... ...	... ...	... ...	... ...	38
Khulna	39	... ...	... ...	... ...	... ...	35 ...	... ...	... ...	... ...	... ...	... ...	12 ...	2 ...	... ...	... ...	... ...	... ...	3 ...	... ...	61 1	... ...	... ...	... ...	... ...	... ...	2
Jessore	388	... ...	... ...	... ...	2 1	190 2	1 ...	... ...	10 3	6 ...	6 ...	429 4	25 ...	... ...	... ...	... ...	3 ...	28 ...	... ...	753 12	... ...	... ...	... ...	... ...	... ...	20
Baraset	110	... ...	... ...	... ...	... ...	132 ...	... ...	... ...	2 1	1 ...	3 ...	85 2	9 ...	... ...	... ...	... ...	... ...	3 ...	... ...	274 3	... ...	... ...	... ...	... ...	... ...	12
Presidency, Central (Europeans)	39	... ...	... ...	... ...	1 ...	1 ...	... ...	... ...	... ...	... ...	2 ...	2 ...	1 ...	... ...	... ...	... ...	2 ...	2 ...	... ...	20 ...	... ...	... ...	... ...	... ...	... ...	1
Presidency, Central (Natives)	1,227	... ...	... ...	... ...	... ...	72 3	... ...	... ...	12 9	4 1	12 ...	263 9	14 2	... ...	... ...	... ...	4 ...	22 ...	... ...	552 33	... ...	... ...	1 ...	3 ...	... ...	26
Alipore, Central	1,890	107 9	... ...	... ...	... ...	129 4	... ...	... ...	49 18	9 2	20 1	120 2	46 ...	... ...	... ...	... ...	25 ...	52 ...	... ...	829 44	... ...	... ...	... ...	... ...	... ...	58
Hooghly	385	... ...	... ...	... ...	... ...	71 ...	... ...	... ...	13 ...	7 ...	6 ...	108 3	110 3	... ...	... ...	... ...	1 ...	22 ...	... ...	485 7	... ...	1 ...	... ...	4 ...	... ...	18
Burdwan	231	... ...	... ...	... ...	... ...	79 ...	1 ...	... ...	1 ...	... ...	11 ...	37 2	44 ...	... ...	6 ...	... ...	... ...	19 ...	... ...	308 3	... ...	... ...	... ...	... ...	... ...	12
Krishnagar	191	... ...	... ...	... ...	... ...	57 ...	3 1	... ...	3 ...	2 1	10 ...	102 2	15 ...	... ...	... ...	... ...	3 ...	21 ...	... ...	283 6	... ...	... ...	... ...	... ...	... ...	10
Faridpur	325	41 2	... ...	... ...	... ...	74 ...	... ...	... ...	4 2	1 1	6 1	63 2	47 ...	... ...	... ...	... ...	2 ...	12 ...	... ...	303 9	... ...	... ...	... ...	... ...	... ...	17
Pubna	208	... ...	... ...	... ...	... ...	130 ...	... ...	... ...	.. ...	3 1	... ...	33 1	20 ...	... ...	... ...	... ...	1 ...	8 ...	... ...	234 4	... ...	... ...	... ...	... ...	... ...	7
Murshidabad	226	... ...	... ...	... ...	... ...	35 ...	... ...	... ...	1 ...	2 1	6 ...	37 ...	2 ...	... ...	... ...	... ...	... ...	10 ...	... ...	137 2	1 ...	... ...	... ...	... ...	.. ...	6
Rajshahi, Central	783	... ...	... ...	... ...	... ...	99 3	1 1	... ...	9 2	6 2	11 ...	112 3	11 ...	.. ..	... ...	... ...	... ...	30 ...	... ...	361 14	... ...	... ...	... ...	... ...	... ...	20
Bogra	154	... ...	... ...	... ...	... ...	49 ...	... ...	... ...	2 ...	1 1	5 ...	21 2	1 ...	... ...	... ...	... ...	3 1	6 ...	... ...	121 5	... ...	... ...	... ...	... ...	... ...	4
Malda	105	... ...	... ...	... ...	... ...	67 ...	4 2	... ...	... ...	1 ...	8 ...	13 ...	15 ...	... ...	... ...	... ...	2 ...	6 ...	... ...	132 2	... ..	.. ...	... ...	... ...	... ...	4
Dinajpur	254	... ...	... ...	.. ...	2 1	45 1	1 ...	... ...	5 ...	3 1	8 ...	102 3	4 ...	.. ...	... ...	1 ...	1 ...	8 ...	... ...	212 8	1 ...	... ...	... ...	... ...	.. ...	

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

1. ADMISSIONS. 2. DEATHS.

JAILS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Rangpur	224	...	...	...	...	421	...	...	2	3	32	169	29	...	...	...	1	16	...	750	...	...	...	...	...	16
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Jalpaiguri	103	...	...	...	...	24	1	...	1	...	8	7	7	...	...	...	...	6	...	92	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Purneah	208	...	1	1	...	57	3	...	1	3	2	40	11	...	...	3	15	13	...	204	...	...	...	...	...	6
		...	1	1	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	7	...	...	...	...	...	
Naya Dumka	136	...	...	...	...	15	...	...	...	1	...	20	1	...	...	...	...	3	...	43	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	
Suri	213	...	...	...	...	18	1	1	...	2	2	19	6	...	...	...	...	7	...	92	2	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Bankura	212	...	...	...	...	25	...	2	5	3	6	20	4	...	...	...	3	25	...	139	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	
Midnapore, Central	940	...	...	...	...	385	...	...	22	9	31	199	47	...	...	17	14	108	1	1,042	...	...	...	...	...	54
		...	...	...	...	...	...	...	7	7	...	7	...	...	...	...	...	...	1	27	...	...	...	...	...	
Balasore	139	...	...	...	...	18	...	...	4	...	3	18	16	...	...	1	1	8	...	96	...	...	...	...	...	3
		...	...	...	...	...	...	...	1	...	...	3	5	...	...	...	...	...	...	10	...	...	...	...	...	
Cuttack	334	...	...	...	...	53	...	...	1	9	8	26	10	...	...	...	...	18	...	175	...	...	...	...	...	8
		...	...	...	...	...	...	...	...	2	1	3	3	...	...	...	...	...	...	9	...	...	...	...	...	
Puri	110	...	...	...	...	46	1	...	...	3	...	7	1	...	...	...	1	1	...	69	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Angul	57	...	...	...	...	19	...	...	...	...	4	8	28	...	...	...	...	6	...	86	...	...	2	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP IV.—BENGAL AND ORISSA.	12,016	148	1	1	6	3,029	18	3	200	120	371	3,089	797	...	6	23	154	562	1	10,918	7	1	3	7	...	437
		11	1	1	2	13	4	...	54	41	6	59	17	...	...	...	3	...	1	273	...	...	...	...	...	
A. Chaibassa	155	...	...	...	...	60	...	1	2	4	9	37	46	...	...	...	...	12	...	240	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Purulia	214	...	...	...	...	73	...	...	4	3	19	15	10	...	...	...	1	7	...	160	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	
Ranchi	137	...	...	...	...	25	...	...	1	6	5	28	3	...	...	...	3	2	...	86	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	
Palamau	94	...	...	...	...	30	2	5	1	...	...	28	11	...	...	...	1	2	...	87	...	...	...	...	...	2
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Hazaribagh, Central	892	...	...	...	1	176	...	...	6	12	69	218	97	1	...	...	...	51	...	816	...	...	...	...	...	59
		...	...	...	...	...	...	...	3	...	...	5	3	1	...	...	...	...	...	16	...	...	...	...	...	
B. Gaya	422	...	...	...	1	94	...	...	4	1	3	39	11	...	...	...	...	6	...	184	...	...	...	...	...	4
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Bhagalpur, Central	1,719	...	1	...	...	288	...	...	3	6	17	224	32	...	...	...	2	101	...	873	...	...	...	...	...	33
		...	1	...	...	1	...	...	3	2	...	2	1	...	...	...	...	...	...	19	...	...	...	...	...	
Monghyr	290	...	1	...	...	19	...	...	2	...	10	44	11	...	...	...	1	6	...	130	...	...	...	1	...	5
		...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	4	...	...	...	...	...	
Darbhanga	232	...	...	...	...	40	...	...	10	1	7	57	48	...	...	...	10	14	...	223	1	...	...	...	...	13
		...	...	...	...	...	...	...	3	1	...	2	...	...	...	...	1	...	...	7	...	...	...	...	...	
Champarun	230	...	...	...	...	304	...	...	...	...	3	19	17	...	...	...	12	22	...	418	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	
Muzaffarpur	259	...	...	...	...	94	...	...	...	...	6	54	25	...	...	...	2	4	...	211	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	...	...	4	1	...	...	...	1	...	...	7	...	...	...	...	...	
Patna	375	...	1	...	...	106	1	...	...	4	5	38	9	...	...	...	...	18	...	249	...	...	...	1	...	7
		...	1	...	...	...	...	...	...	2	...	1	1	...	...	...	...	...	...	5	...	...	...	...	...	
Arrah	234	...	...	1	...	33	3	...	...	...	4	32	7	...	...	...	4	5	...	115	...	...	...	...	...	5
		...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	4	...	...	...	...	...	
Chapra	293	...	1	...	...	152	...	3	1	2	6	118	61	...	1	...	7	42	...	510	...	...	...	2	...	12
		...	1	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	8	...	...	...	...	...	
Buxar, Central	1,238	...	...	...	...	1,267	3	...	1	6	60	270	266	...	...	...	33	65	...	2,263	...	...	...	...	...	65
		...	...	...	...	2	2	...	3	1	...	9	...	...	...	...	1	...	...	21	...	...	...	...	...	
Korantadih	36	...	...	...	...	10	...	...	1	...	...	1	...	...	...	...	1	1	...	18	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ghazipur	368	...	...	...	...	76	...	...	1	1	2	3	9	...	...	...	...	29	...	147	...	...	...	...	...	10
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Azamgarh	256	2	...	1	...	73	1	...	3	2	9	2	10	...	2	...	3	15	...	192	4	...	...	...	...	7
		...	...	...	...	1	...	...	2	1	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	
Kasia	22	...	...	...	...	7	...	...	...	...	1	3	...	...	...	...	...	...	...	11	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Gorakhpur	510	...	...	...	...	150	...	...	...	13	11	206	19	...	1	...	37	77	...	751	...	2	...	...	...	32
		...	...	...	...	1	...	...	...	3	...	8	1	...	...	...	...	...	...	16	...	...	...	...	...	
Basti	255	...	...	1	...	117	...	...	1	2	1	13	2	...	...	...	2	32	...	199	1	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Fyzabad	376	...	...	...	...	72	...	...	...	3	7	12	10	...	...	1	17	41	...	263	3	1	...	...	...	13
		...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	4	...	...	...	...	...	
Sultanpur	298	...	...	...	...	104	...	...	...	1	...	4	7	...	...	...	1	5	...	148	...	...	...	...	...	4
		...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...	4	...	...	...	...	...	

Jails and Groups.	Average annual strength.	1. Admissions. 2. Deaths. Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Rai Bareli	482	... ...	... ...	... ...	... ...	37 ...	... ...	42 ...	1 ...	3 ...	13 1	4 ...	11 ...	... ...	... ...	... ...	3 ...	43 ...	... ...	248 7	... ...	... ...	... ...	... ...	... ...	14
Partabgarh	183	... ...	... ...	... ..	... ...	23 ...	... ...	... ...	1 1	1 ...	1 ...	7 ...	6 ...	... ...	... ...	... ...	2 ...	15 ...	... ...	87 1	... ...	... ...	... ...	... ...	... ...	3
Jaunpur	211	.. ...	... ...	... ...	... ...	37 ..	4 ...	3 ...	... ...	... ...	12	61 ...	... ...	... ...	... ...	... ...	1 ...	24 ...	... ...	125 3	... ...	... ...	... ...	... ...	... ...	4
Benares, Central.	1,254	... ...	... ..	4 ..	... ...	217 1	... ...	... ...	6 4	4 1	10 ...	24 1	17 1	... ...	... ...	... ...	... ...	108 ...	... ...	567 13	... ...	... ...	... ...	... ...	... ...	25
„ District	361	... ...	... ...	... ...	1 ...	48 ...	... ...	... ...	7 3	1 1	3 ...	23 4	9 1	... ...	... ...	... ...	2 2	32 ...	... ...	186 11	... ...	... ...	... ...	... ...	... ...	7
Mirzapur	201	... ...	... ...	4 ...	... ...	83 ...	... ...	... ...	... ...	... 2	9 ...	18 1	5 ...	... ...	... ...	... ...	... ...	21 ...	... ...	176 4	... ...	... ...	... ...	... ...	... ...	4
Allahabad Central.	1,521	... ...	... ...	... ..	... ...	118 1	... ...	86 ...	22 7	8 1	25 ..	41 ...	55 ...	... ...	... ...	... ...	1 ...	153 ...	... ...	797 21	... ..	... ...	... ...	... ...	... ...	56
„ District	570	... ...	... ...	2 1	1 ...	34 ...	... ...	... ...	2 ...	10 1	12 1	9 ...	3 ...	... ...	... ...	... ...	4 ...	41 ...	... ...	232 6	... ...	... ...	... ...	... ...	... ...	14
Karwi	34	... ...	... ...	... ...	... ...	7 ...	... ...	... ...	... ...	1 ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	6 ..	... ...	31 ...	... ..	... ...	... ...	... ...	... ...	1
Banda	239	... ...	.. ...	... ..	... ...	186 1	... ...	... ...	1 ...	1 ...	11 ...	10 1	8 ...	... ...	4 ...	... ..	5 ...	51 ...	... ...	376 3	... ...	... ...	... ...	... ...	... ...	12
Fatehpur	200	... ...	... ...	... ...	... ...	169 1	... ...	... ...	... ...	3 2	6 ...	2 ...	8 ...	... ...	... ...	... ...	2 ...	5 ...	... ...	226 3	... ...	... ...	... ...	... ...	... ...	6
Hamirpur	99	... ...	... ...	... ...	... ...	94 ...	... ...	... ...	... ...	2 ...	9 ...	2 ...	5 ...	... ...	... ...	... ...	2 ...	34 ...	... ...	216 ...	2 ...	... ...	... ...	... ...	... ...	5
Orai	126	.. ...	... ...	... ...	... ...	110 ...	... ...	... ...	2 ...	... ...	3 ...	13 1	2 ...	... ...	... ...	... ...	... ...	27 ...	... ...	191 4	... ...	... ...	... ...	... ...	... ...	6
Cawnpore	395	... ...	... ...	... ...	... ...	115 ...	... ...	.. ...	2 1	5 2	4 ...	11 1	6 ...	... ...	... ...	... ...	1 ...	30 ...	... ...	238 9	... ...	... ...	... ...	... ...	... ...	11
Unao	327	... ...	... ...	... ...	... ...	39 ...	3 ...	... ...	2 ...	3 2	8 ...	8 ...	3 ...	... ...	1 ...	... ...	5 ...	13 ...	... ...	131 2	... ...	... ...	... ...	... ...	... ...	4
Lucknow, Central.	1,361	3 ...	... ..	... ...	... ...	98 ...	2 ...	... ...	5 5	10 ...	7 ...	13 1	4 ...	... ...	... ...	1 ...	1 ...	52 ...	... ...	362 9	... ...	... ...	... ...	... ...	... ..	16
„ District	476	... ...	... ...	... ...	... ...	40 ...	2 ...	... ...	1 ...	8 1	1 ...	5 1	3 ...	... ...	... ...	... ...	3 ...	42 ...	... ...	188 3	... ...	... ...	... ...	... ...	... ...	7
Barabanki	405	... ...	... ...	... ...	... ...	85 ...	... ...	1 ...	... ...	2 1	7 ...	11 ...	7 ...	... ...	... ...	... ...	6 ...	19 ...	... ...	215 3	... ...	2 ...	... ...	1 ...	... ...	10
Gonda	464	... ...	... ...	... ...	.. ..	60 ...	... ...	... ...	6 2	5 3	6 ...	13 4	8 3	... ...	.. ...	... ...	14 ...	25 ...	... ...	210 12	... ...	... ...	... ...	... ...	... ...	14
Bahraich	274	... ...	... ...	... ...	... ...	83 ...	... ...	... ...	... ...	2 ...	1 ...	6 ...	6 ...	.. ...	... ...	.. ...	1 ...	33 ...	... ...	191 ...	... ...	... ...	... ...	... ...	... ...	7
Kheri	292	... ...	... ...	1 ...	...	44 ...	... ...	... ...	... ...	3 2	3 ...	4 ...	6 ...	... ...	... ...	... ...	1 ...	55 ...	... ...	185 2	... ...	... ...	... ...	... ...	... ...	6
Sitapur	473	1 ...	... ...	1 ...	... ...	31 ...	1 ...	... ...	... ...	4 2	5 1	10 ...	1 ...	... ...	... ...	... ...	... ...	43 ...	... ...	147 4	2 ...	1 ...	... ...	2 ...	... ...	6
Hardoi	400	... ...	... ...	... ...	... ...	95 ...	... ...	... ...	1 ...	1 ...	... ...	6 ...	... ...	... ...	... ...	... ...	... ...	11 ...	... ...	136 3	... ...	... ...	... ...	... ...	... ...	4
Etawah	284	... ...	... ...	... ...	... ...	47 ...	... ...	... ...	3 ...	9 3	16 ...	27 ...	8 ...	... ...	... ...	... ...	2 ...	14 ...	... ...	187 6	... ...	... ...	1 ...	... ...	.. ...	7
Mainpuri	333	... ...	... ...	1 ...	1 ...	159 ...	... ...	... ...	1 ...	6 1	7 1	34 6	34 ...	... ...	8 ...	... ...	2 ...	33 ...	... ...	333 8	... ...	... ...	1 ...	... ...	... ...	18
Etah	301	... ...	... ...	... ...	... ...	149 ...	... ...	... ...	3 ...	4 ...	10 ...	14 ...	4 ...	... ...	... ...	... ...	12 ...	41 ...	... ...	306 ...	... ...	... ...	... ...	... ...	... ...	13
Fatehgarh, Central.	1,475	... ..	... ...	... ...	1 ...	360 ...	... ...	... ...	26 10	6 ...	26 1	73 5	41 ...	... ...	... ...	... ...	1 ...	55 ...	... ...	841 22	1 ...	... ...	... ...	... ...	... ...	49
„ District	327	... ...	... ...	... ...	... ...	40 ...	... ...	... ...	1 ...	3 2	13 1	11 ...	4 ...	... ...	... ...	... ...	1 1	9 ...	... ...	126 6	... ...	... ...	... ...	... ...	... ...	5
Group V.—Gangetic Plain and Chutia Nagpur.	21,973	6 ...	4 4	16 1	6 ...	5,977 10	22 4	141 ...	134 48	172 40	482 7	1,865 70	976 14	1 1	17 ...	2 ...	209 7	1,597 ...	... ...	15,548 301	14 .	6 ...	2 ...	7 ...	... ...	638
A Shahjahanpur.	351	... ...	... ...	... ...	... ...	73 ...	... ...	... ...	3 1	4 ...	3 ...	21 1	8 ...	... ...	... ...	... ...	... ...	35 ...	... ...	275 6	... ...	... ...	... ...	... ...	... ...	10
Pilibhit	47	... ...	... ..	... ...	... ...	19 ...	... ...	... ...	... ..	1 ...	1 ...	1 ...	1 ...	.. ...	... ...	... ...	... ...	4 ...	... ...	31 ...	... ...	... ...	... ...	... ...	... ...	1
Bareilly Central.	1,789	... ...	... ...	... ...	2 ...	383 ...	... ...	... ...	30 8	2 1	42 2	16 ...	33 7	... ...	2 ...	... ...	45 ...	65 ...	... ...	761 25	... ...	... ...	... ...	.. ...	... ...	54

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

Jails and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
										1. Admissions.						2. Deaths.										
Bareilly District	797	66	...	...	...	305	...	...	3	14	31	72	17	...	...	...	8	82	2	758	2	...	...	...	...	28
		6	...	...	...	...	...	...	1	5	1	6	1	...	...	...	...	1	1	24	...	...	...	...	...	
Budaon	384	...	...	...	...	30	4	1	2	9	5	5	5	...	1	...	3	39	...	151	...	...	...	...	...	6
		...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...	3	...	...	...	...	...	
Aligarh	387	...	...	...	...	83	...	...	1	2	6	7	8	...	...	...	...	23	...	199	...	...	...	...	...	8
		...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Bulandshahr	241	2	...	...	2	41	...	1	...	3	7	11	4	...	3	...	...	20	...	115	...	...	...	...	...	5
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Moradabad	398	...	...	...	...	211	...	...	2	3	6	18	7	...	...	...	...	24	...	333	...	...	...	...	...	9
		...	...	...	...	...	...	...	...	3	2	1	...	...	...	...	...	...	...	8	...	...	...	...	...	
Bijnor	503	...	...	...	...	97	...	...	2	...	4	1	4	...	1	...	2	43	...	225	...	...	...	...	...	8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Dehra Dun	74	...	...	...	...	10	...	...	...	1	2	1	4	...	...	...	1	7	...	39	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	
Saharanpur	309	5	...	...	...	68	...	...	...	6	4	38	13	...	...	...	12	33	...	293	...	...	1	...	1	13
		...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	1	...	...	7	...	...	...	...	...	
Muzaffarnagar	179	...	...	...	...	61	...	...	4	11	6	9	6	...	...	...	2	17	...	160	...	...	...	...	...	7
		...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	
Meerut	598	17	...	...	...	166	...	...	4	8	12	37	5	...	...	...	8	38	...	344	...	...	...	...	...	13
		...	...	...	...	...	...	...	...	3	4	4	1	...	...	...	...	...	...	12	...	...	...	...	...	
Delhi	428	...	...	...	...	158	...	...	1	15	1	15	7	...	...	...	27	85	1	358	...	...	1	...	...	12
		...	...	...	...	1	...	...	1	3	...	1	...	...	...	...	...	...	1	9	...	...	...	...	...	
Rohtak	102	1	...	...	1	115	...	...	...	1	1	5	22	...	...	...	1	5	...	178	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Hissar	169	...	...	...	...	127	1	...	5	2	6	5	45	...	...	...	2	55	...	340	...	...	27	...	...	10
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Karnal	100	...	...	...	...	41	...	...	...	4	2	4	8	...	...	...	2	10	...	97	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Umballa	558	...	...	...	...	175	...	...	5	12	16	32	53	...	...	...	9	51	...	432	...	...	1	...	...	16
		...	...	...	...	...	...	...	2	4	...	3	3	...	...	...	...	...	...	14	...	...	...	...	...	
B																										
Ludhiana	205	...	...	...	1	17	...	1	1	6	...	2	6	...	...	...	1	26	...	111	...	...	...	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	
Hoshiarpur	57	...	...	...	...	11	...	1	...	3	...	2	6	...	...	...	3	7	...	58	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Jullundur	256	...	...	...	...	44	...	1	2	...	5	7	24	...	...	...	1	23	...	152	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ferozepore	358	...	...	...	...	18	...	33	1	6	27	...	17	...	...	...	9	56	...	244	1	...	5	...	...	9
		...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Amritsar	164	...	...	...	...	67	...	...	...	...	3	20	31	...	...	...	9	36	...	195	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Lahore, Central	1,468	...	...	...	11	1,050	...	...	21	41	94	142	134	...	...	2	2	273	...	2,132	10	...	...	...	...	46
		...	...	...	3	...	...	...	13	13	1	6	1	...	...	...	...	...	...	43	...	...	...	...	...	
,, District	468	...	...	...	1	141	...	...	2	17	32	63	50	...	...	...	1	51	...	463	...	...	...	...	...	12
		...	...	...	...	...	...	...	...	5	1	3	...	...	...	...	...	...	...	17	...	...	...	...	...	
,, Female	148	...	...	...	...	47	...	...	2	2	14	15	8	...	...	...	...	4	...	114	...	...	...	...	...	4
		...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	4	...	...	...	...	...	
Gurdaspur	200	...	...	...	...	31	...	...	...	3	5	18	15	...	...	...	3	23	...	133	...	...	...	...	...	4
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Gujranwala	331	...	...	...	...	92	...	...	...	9	14	5	26	...	...	1	12	44	...	266	1	...	...	...	...	7
		...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Sialkot	272	...	...	...	...	78	...	...	...	3	6	25	11	...	...	...	1	27	...	185	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	5	...	...	...	...	...	
Gujrat	100	...	...	...	...	41	...	...	1	3	1	6	6	...	...	...	...	13	...	87	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Jhelum	171	...	...	...	...	43	...	...	1	2	2	7	4	...	...	...	2	21	...	119	...	...	10	...	...	5
		...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Rawalpindi	727	...	...	...	...	218	...	...	1	12	10	8	33	...	...	...	42	63	...	564	...	...	...	...	...	19
		...	...	...	...	2	...	...	1	3	...	...	3	...	...	...	1	...	...	15	...	...	...	...	...	
GROUP VI.—UPPER SUB-HIMALAYA.	12,139	91	...	...	18	4,062	1	38	94	205	368	618	621	..	7	3	208	1,303	3	9,912	14	...	45	...	...	335
		6	...	...	4	6	...	...	31	53	15	30	21	...	...	...	2	1	2	230	...	...	...	...	...	

Jails and Groups.	Average annual strength.	1. Admissions. 2. Deaths. Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus Duodenalis.	Other Entozoa.	Average number constantly sick.
A.																										
Peshawar	538	...	...	...	...	132	...	...	...	1	14	38	19	...	...	...	7	95	...	332	...	...	...	...	...	15
		...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	4	...	...	...	..	...	
Kohat	134	...	...	...	...	93	...	...	...	2	1	...	...	...	...	...	3	16	...	141	...	...	7	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	1	...	.	...	...	...	
Bannu	129	...	...	...	...	43	...	...	3	17	4	13	15	...	...	1	13	40	...	198	...	...	6	...	...	4
		...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Shahpur	231	...	...	...	...	53	...	...	...	...	7	25	36	...	...	...	3	22	...	208	1	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	4	...	...	...	...	...	
Mianwali	325	...	...	...	1	134	3	...	...	6	18	18	134	...	...	...	...	61	...	478	..	...	7	...	...	11
		...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	1	...	...	
Lyallpur	350	...	...	...	...	127	...	...	...	1	2	18	6	...	...	...	3	56	...	261	...	...	...	...	...	6
		...	...	...	...	1	...	...	...	...	...	...	...	..	...	...	...	...	...	2	...	...	...	...	...	
Jhang	222	...	...	..	...	86	...	...	1	6	8	10	26	..	...	...	...	30	...	201	..	...	...	...	..	6
		...	...	...	...	...	..	...	...	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Montgomery, Central.	2,031	27	...	...	...	199	...	...	29	12	63	9	26	...	...	...	7	132	...	772	2	...	6	...	2	41
		...	...	...	...	...	...	...	15	1	...	1	...	...	...	...	1	...	...	32	...	...	....	...	...	
Mooltan, Central.	1,372	...	...	...	...	587	...	...	13	54	69	55	80	...	...	2	209	186	...	1,516	2	...	5	...	...	87
		...	...	...	...	4	...	...	4	21	1	9	...	...	...	...	2	...	...	46	...	...	...	...	...	
„ District	612	50	...	1	...	192	...	7	9	28	20	39	31	...	1	...	2	64	...	650	3	...	2	...	...	31
		...	..	..	...	...	...	...	2	2	...	1	...	...	...	...	...	...	...	7	...	...	...	...	...	
Dera Ismail Khan.	405	...	...	...	...	216	5	...	...	4	21	55	49	...	6	2	3	93	...	716	...	...	26	...	1	17
		...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	9	...	...	...	...	...	
Dera Ghazi Khan.	300	...	...	...	...	121	...	...	1	3	7	15	26	...	...	...	1	51	...	330	...	...	1	...	...	8
		...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	4	...	...	...	...	...	
C.																										
Shikarpur	415	...	...	...	...	87	...	...	1	19	16	30	22	...	...	11	8	11	...	237	...	...	...	...	.	9
		...	...	...	...	...	...	...	1	4	...	2	1	...	...	2	. .	1	...	12	...	...	...	...	...	
Sind Gang	362	...	...	...	...	19	3	1	...	16	7	2	1	...	...	...	...	2	...	67	...	...	...	...	...	3
		...	...	...	...	...	1	...	...	7	...	...	1	...	...	...	...	...	...	12	...	...	...	...	...	
Hyderabad, Central.	690	...	...	...	...	44	1	...	8	18	17	49	1	...	6	11	2	35	...	293	...	..	..	...	...	13
		...	...	.	...	1	1	...	3	7	2	2	1	...	...	...	...	...	...	23	...	...	...	...	...	
Kurrachee	249	...	...	...	...	43	...	...	.	1	10	16	13	...	1	...	3	27	...	184	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	2	...	...	...	..	...	
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	8,365	77	..	1	1	2,176	12	8	65	188	284	392	485	...	14	27	264	926	...	6,584	8	...	60	...	3	267
		...	...	...	1	8	2	...	26	49	4	22	4	...	...	2	5	1	...	169	...	...	1	...	...	
A.																										
Rajkot	93	...	...	...		39	...	...	...	2	1	1	3	...	...	...	1	11	...	69	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ahmedabad Central.	963	...	..	1	...	156	1	...	7	22	15	38	10	...	1	...	32	47	...	470	...	...	10	...	...	24
		...	...	1	...	...	...	...	3	7	1	1	...	...	...	...	...	...	...	16	...	...	...	...	...	
B																										
Ajmer	349	...	...	...	...	28	...	...	...	2	6	4	5	...	...	...	1	48	...	166	...	...	6	...	...	7
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	
Muttra	226	...	...	...	...	23	...	...	1	7	2	3	3	...	2	...	...	11	...	77	...	...	1	...	...	5
		...	...	...	...	...	...	...	...	2	1	2	1	...	...	...	...	...	...	6	...	...	...	...	...	
Agra, Central	1,930	...	..	...	...	595	...	...	5	47	57	39	34	...	...	...	1	192	...	1,357	2	1	...	...	1	74
		...	..	...	...	...	...	...	6	11	4	2	...	...	...	...	...	...	...	29	...	...	...	...	...	
„ District	385	...	...	...	...	52	...	...	4	5	8	12	30	1	...	...	...	47	...	262	1	...	...	...	...	14
		...	...	...	...	...	...	...	2	2	...	1	...	1	...	...	...	...	...	8	...	...	...	...	...	
Jhansi	173	...	..	...	...	31	2	2	1	3	6	8	1	...	2	1	2	26	...	157	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	3	...	...	...	...	...	
Lalitpur	52	...	...	...	...	19	2	...	...	1	...	1	...	...	...	1	...	17	...	52	...	...	...	...	...	1
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Group VIII.—S.-E. Rajputana, Central India, and Gujarat.	4,171	...	...	1	...	943	5	2	18	89	95	106	86	1	5	2	37	399	...	2,610	3	1	17	...	1	133
		...	...	1	...	1	...	...	11	22	6	7	1	1	...	...	...	...	...	65	...	...	...	...	...	

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS. 2. DEATHS.																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
A.																										
Damoh	59	...	...	...	...	15	...	...	...	2	2	1	...	...	...	...	...	5	...	47	...	...	6	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Saugor	91	...	...	...	...	28	...	...	...	...	2	18	...	...	...	...	4	10	...	105	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	
Jubbulpore, Central.	775	...	...	...	...	26	...	...	5	4	22	1	2	...	...	...	1	16	...	147	...	...	2	...	...	10
		...	...	...	...	...	...	...	4	...	1	...	...	...	...	...	...	...	...	9	...	...	...	...	...	
Narsinghpur	89	...	...	...	...	12	...	...	...	...	3	3	1	1	...	...	1	3	...	34	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	2	...	...	...	...	...	
Mandla	69	...	...	...	...	31	...	...	...	2	3	3	8	...	...	...	...	6	...	75	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bilaspur	116	...	...	...	...	10	...	...	2	1	4	2	...	...	...	...	1	...	...	28	...	...	...	...	...	1
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Sambalpur	103	...	...	...	...	16	...	...	1	...	2	7	3	...	3	...	1	1	...	68	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Raipur, Central	532	...	...	...	...	98	...	...	2	2	5	25	19	...	...	...	1	28	...	280	...	...	...	...	...	6
		...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
Balaghat	52	...	...	...	...	12	...	...	...	1	4	2	2	...	...	...	2	10	...	51	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	3	...	...	...	...	...	
Seoni	53	...	...	...	...	19	...	...	1	...	1	2	3	...	...	...	5	6	...	67	5	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Chhindwara	52	...	...	...	...	2	...	...	...	...	1	...	1	...	...	...	...	2	...	8	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Hoshangabad	116	...	...	...	...	62	...	...	...	3	4	31	24	...	...	...	...	21	...	185	...	...	...	...	...	5
		...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	4	...	...	...	...	...	
Nimar	91	...	...	...	...	24	...	...	...	2	...	8	15	...	...	...	...	15	...	138	1	...	2	...	...	5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Betul	51	...	...	...	...	7	...	...	1	2	1	...	4	...	...	...	...	3	...	32	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Nagpur, Central	708	1	...	...	...	105	...	18	9	3	29	38	47	...	...	...	2	29	...	468	...	1	...	1	...	19
		...	...	...	...	...	...	...	4	...	...	1	1	...	...	...	...	...	...	7	...	...	...	...	...	
Bhandara	70	...	...	...	...	20	...	3	...	...	...	...	...	...	...	...	1	2	...	35	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Wardha	57	...	...	...	...	4	...	...	...	1	1	1	5	...	...	...	...	1	...	36	...	...	2	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Chanda	61	...	...	...	...	14	...	...	...	1	3	1	1	...	...	...	...	10	...	46	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
B.																										
Secunderabad	87	...	...	...	...	15	...	...	...	1	4	4	1	...	...	...	1	8	...	78	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	
Yeotmahl	41	...	1	...	...	2	...	...	...	...	...	2	...	...	...	...	...	1	...	16	...	...	...	...	...	1
		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Amraoti, Central	271	...	...	...	...	30	...	...	1	...	3	4	6	...	1	...	1	16	...	111	...	...	...	1	...	3
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Akola, Central	286	...	...	...	...	102	...	...	...	...	4	6	30	...	...	1	8	22	...	240	1	...	...	...	...	5
		...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	4	...	...	...	...	...	
Basim	44	...	...	...	...	3	...	1	...	1	2	3	1	...	...	...	...	...	...	28	...	...	2	...	...	1
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Buldana	56	...	...	...	...	4	...	...	1	...	1	...	...	...	...	...	...	3	...	16	...	...	4	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dhulia	446	...	...	3	...	220	...	...	3	6	5	34	13	...	...	...	12	37	...	444	1	...	15	...	...	13
		...	...	1	...	...	...	...	1	4	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	
Yerrowda, Central.	1,42	...	...	1	...	133	...	...	6	7	55	49	57	...	...	...	9	148	...	945	...	...	36	...	...	45
		...	...	...	...	...	...	...	3	1	1	1	3	...	...	...	1	...	...	14	...	...	...	...	...	
Bijapur	208	...	...	...	...	18	...	...	1	2	3	16	4	...	1	...	...	9	...	101	...	...	15	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Deccan Gang	808	...	2	...	...	120	3	38	...	6	15	22	10	...	...	...	2	145	...	533	...	...	21	...	1	22
		...	2	...	...	...	1	...	...	2	...	2	...	...	...	...	...	...	...	13	...	...	...	...	...	
Dharwar	343	...	...	...	1	26	...	...	1	6	4	39	7	...	...	...	1	2	...	139	...	...	18	...	...	6
		...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	
GROUP IX.—DECCAN	7,287	1	3	4	1	1,178	3	60	34	53	183	322	264	1	5	1	53	559	...	4,501	8	1	123	2	1	170
		...	3	1	1	2	1	...	15	15	5	8	5	1	...	...	2	1	...	92	...	...	...	...	...	

Jails and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
		1. Admissions. 2. Deaths.																								
Thana	684	… …	… …	… …	… …	98 …	2 …	… …	17 10	4 …	43 …	27 …	17 1	… …	… …	4 1	2 …	20 …	… …	324 16	… …	… …	20 ..	… …	… …	18
Bombay, Common.	412	… …	… ..	1 …	… …	222 …	2 …	1 …	7 1	6 3	9 1	… …	36 …	… …	… …	1 …	5 …	26 …	… …	533 9	… ..	… …	3 …	… …	… …	11
Bombay House of Correction.	234	… …	… ..	… …	1 …	63 …	… …	… …	7 7	2 …	6 1	… …	24 …	… …	… …	1 …	7 …	13 …	… …	183 13	… …	… …	2 …	… …	… …	8
Ratnagiri	117	… …	… …	… …	… …	14 …	… …	… …	1 …	… …	2 2	18 1	2 …	… …	… …	… …	2 …	6 …	… …	58 3	… …	… …	1 …	… …	.. ..	2
Karwar	174	… …	… …	… …	… …	8 …	2 …	… …	… …	1 …	7 …	18 …	5 …	… …	… …	… …	… …	3 …	… …	67 …	… …	1 …	… …	… …	… …	3
Mangalore	118	… …	… …	… …	… …	5 …	… …	… …	1 …	… …	1 …	4 …	… …	… …	… …	… …	… …	… …	… …	21 2	… …	… …	… …	… …	… …	1
Cannanore, Central	767	… …	… …	.. …	19 5	50 …	… …	23 …	10 3	8 1	19 3	19 3	1 …	… …	… …	… …	5 …	10 …	… …	277 18	… …	9 …	… …	… …	… …	17
Group X.—Western Coast.	2,506	… …	… …	1 …	20 5	460 …	6 …	24 …	43 21	21 4	87 7	86 4	85 1	… …	… …	6 1	21 …	78 …	… …	1 463 61	… …	10 …	26 …	… …	… …	60
A.																										
Bellary	525	… …	… …	… …	… …	180 2	… …	1 …	18 5	5 1	10 …	6 1	… …	… …	… …	 …	… …	40 …	… …	397 14	. …	1 …	35 …	… …	… …	20
Salem, Central	601	… …	… …	… …	… …	33 2	… …	… …	3 4	5 1	2 …	11 …	… …	.. …	… …	… …	… …	6 …	… …	111 7	… …	… …	21 …	… …	… …	9
Coimbatore, Central.	1,069	… …	1 1	… …	… …	45 1	… …	15 …	12 1	13 2	27 …	51 2	16 ..	… …	… …	… .	15 …	48 …	… …	476 11	… …	… …	48 …	… …	… …	22
B.																										
Palamcottah	356	… …	… …	… …	… …	18 …	… …	7 …	3 2	2 1	10 …	20 …	… …	… …	… …	… …	… …	24 …	… …	160 4	… …	1 …	2 …	… …	… …	7
Madura	423	… …	2 1	… …	… …	65 …	… …	… …	2 1	1 …	18 …	8 1	… …	… …	… …	… …	… …	16 …	… …	194 5	… …	1 …	8 …	… …	… …	8
Trichinopoly, Central.	883	… …	… …	… …	… …	87 1	… …	… …	12 3	3 …	38 …	47 1	… …	… …	… …	… …	… …	44 …	… …	477 11	… …	… …	13 …	… …	… …	14
Tanjore	339	… …	… …	… …	… …	5 …	1 1	… …	1 …	2 1	8 1	18 1	… …	… …	… …	… ..	18 4	11 …	… …	133 15	… …	… …	2 …	… .	… …	7
Cuddalore	331	… …	… …	… …	… …	16 …	… …	1 …	2 1	… …	3 …	19 …	… …	… …	… …	… …	… …	9 …	… …	99 1	… …	… …	5 …	… …	… …	7
Vellore, Central	1,064	25 …	… …	… …	1 …	43 …	… …	76 …	6 3	14 4	24 1	30 …	… …	… …	… …	… …	… …	67 …	2 …	515 12	… …	… …	10 …	… …	. …	23
Madras, Civil	34	… …	.. ..	… ..	… …	4 …	… …	… …	… …	… …	… …	2 …	… …	… …	… …	… …	… …	… …	… …	7 …	… …	… …	… …	… …	… …	..
Madras Penitentiary, Central.	1,091	… …	… …	… …	… …	118 4	… …	24 …	17 10	6 …	63 2	91 6	… …	… …	… …	… …	13 …	23 …	… …	588 25	… …	7 …	1 …	… …	… …	24
Nellore	222	… …	1 …	… …	… …	10 1	… …	2 …	… 1	1 …	10 …	3 …	… …	… …	… …	… …	… …	7 …	… …	73 3	… …	… …	12 …	… …	… …	3
C.																										
Rajamundry, Central.	823	… …	… …	… …	… …	73 1	… …	… …	11 1	2 2	10 …	55 1	1 1	1 1	… …	… …	4 …	16 …	… …	311 13	1 …	… …	17 …	… …	… …	10
Vizagapatam	468	… …	… …	… …	… …	13 …	… …	… …	2 1	5 …	8 …	22 1	2 1	.. …	… …	… …	… …	4 …	… …	95 7	… …	… …	… …	… …	… …	6
Berhampur	108	… …	… …	… …	… ..	41 …	… …	… …	1 1	… …	1 …	12 …	24 …	… …	… …	… …	1 …	… …	… …	118 4	2 …	1 …	2 …	… …	… …	4
Group XI.—Southern India.	8,337	25 …	4 2	… …	1 …	751 12	1 1	126 …	90 34	59 12	232 4	395 14	43 2	1 1	… …	… …	51 4	315 …	2 …	3,754 132	3 …	11 …	176 …	… …	… …	164

TABLE XLIII—*concluded.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS, GROUPS, AND ADMINISTRATION.	Average annual strength.	1. ADMISSIONS. 2. DEATHS,																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Shillong .	51	...	...	...	1	11	...	...	...	...	1	4	1	...	...	...	...	1	...	22	..	...	...	...	...	1
		...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	
Darjeeling .	107	...	...	...	...	57	...	...	3	9	15	18	10	...	...	...	...	6	...	145	...	...	...	...	.	7
		...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	
Almora . .	77	...	...	...	..	9	...	16	...	...	5	4	6	...	...	...	2	2	...	56	...	...	...	...	..	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Pauri . .	13	...	...	.	...	..	...	1	...	...	...	...	...	..	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	...	...	...	..	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	
Simla . .	15	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Abbottabad .	91	...	...	...	.	17	...	...	...	2	1	4	1	...	...	...	2	5	...	42	...	1	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Quetta . .	63	...	...	...	...	46	...	1	...	...	5	9	3	...	...	...	...	12	...	108	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mercara .	67	..	..	...	...	2	...	...	...	3	1	1	2	...	...	...	3	2	...	15	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	3	...	...	6	...	...	...	...	...	
Russellkonda .	98	...	...	...	...	1	2	2	...	2	4	5	...	...	...	...	6	1	...	39	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	..	...	2	...	...	...	...	...	
GROUP XII.—HILLS .	582	...	...	...	1	144	2	20	3	16	32	45	23	..	...	..	13	29	...	431	...	1	...	...	...	16
		...	...	...	1	...	...	...	...	3	...	2	3	...	...	..	3	..	...	14	...	..	...	...	...	
EXTRA INDIA—Aden . .	54	...	...	...	...	11	..	...	..	1	1	2	5	...	...	...	1	1	...	32	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	
INDIA (a)† *Remaining from 1903 .	104,325	19	...	5	3	620	10	11	275	116	188	352	109	1	...	...	108	292	2	3,018	...	...	11	...	...	3,386
Admitted .		425	47	25	55	35,920	215	735	937	1,071	3,272	10,017	4,702	7	54	88	1,117	7,459	11	87,745	67	36	459	26	7	
Died .		15	31	4	14	94	44	...	380	292	80	374	109	6	...	3	37	4	7	2,077	...	...	1	2	...	
Died out of hospital .		...	...	...	...	1	..	...	1	1	2	...	...	...	...	...	...	...	...	47	...	...	...	...	...	
ANDAMANS .	13,972	55	...	...	...	16,395	113	...	174	106	1,008	2,270	928	1	...	22	1	989	5	26,676	2	...	7	1	2	888
		1	...	...	...	34	29	...	101	40	21	111	21	1	...	...	...	...	4	486	...	...	...	1	...	
BURMA . .	11,704	22	34	1	...	606	20	305	75	31	107	561	342	2	...	1	80	662	...	4,526	7	2	...	2	...	233
		...	20	...	...	8	3	...	35	8	5	33	19	1	...	...	5	1	...	218	...	...	...	...	...	
ASSAM . .	1,270	...	1	...	2	199	12	8	7	10	23	270	48	...	...	1	25	40	...	812	1	3	...	7	...	44
		...	1	...	1	...	...	...	4	5	...	14	1	...	...	...	6	...	...	37	...	...	...	1	...	
BENGAL. .	18,907	148	5	2	8	5,847	27	12	238	174	609	4,323	1,461	1	7	23	230	925	1	17,628	8	1	3	11	..	677
		11	5	1	2	16	8	...	67	49	6	93	25	1	...	...	7	...	1	376	...	...	...	...	...	
UNITED PROVINCES.	23,902	96	...	15	8	5,493	17	153	161	254	466	953	511	1	27	4	219	1,965	2	14,630	18	7	4	3	1	671
		6	...	1	1	11	...	...	55	63	23	56	19	1	...	...	4	1	1	348	...	...	...	...	...	
PUNJAB . .	11,740	78	...	1	15	4,014	4	43	96	251	433	570	871	...	1	5	352	1,475	1	10,646	20	...	65	...	2	366
		...	...	...	4	10	...	...	40	64	5	30	10	...	...	...	5	...	1	232	...	...	1	...	...	
N.-W. F. PROVINCE	1,297	...	...	...	...	501	5	...	3	26	41	110	84	...	6	3	28	254	...	1,429	...	1	39	...	1	41
		...	...	...	...	...	...	...	1	5	1	4	...	...	...	...	...	...	...	19	...	...	...	...	...	
BOMBAY .	7,804	...	2	6	2	1,321	14	40	59	119	216	361	230	...	9	28	87	543	...	4,679	1	1	141	...	1	192
		..	2	2	1	1	3	...	29	38	8	9	9	...	...	3	2	1	...	150	...	...	...	...	...	
CENTRAL PROVINCES.	3,843	1	1	...	...	646	...	22	23	25	97	158	172	1	4	1	28	210	...	2,261	7	1	18	2	...	78
		...	1	...	...	2	...	...	11	5	4	5	2	1	...	...	...	1	...	48	...	...	...	...	...	
MADRAS. .	9,320	25	4	...	20	807	3	151	101	69	256	423	44	1	...	...	62	326	2	4,091	3	20	176	...	...	184
		...	2	...	5	12	1	...	37	13	7	19	2	1	...	...	4	...	...	154	...	...	...	...	...	

* Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases.

† Including Ajmer, Secunderabad, Quetta, and Mercara.

(a) Including the subsidiary jails, the total figures are:—Average strength 108,876. Average constantly sick 3,454. Number of deaths 2,160. Number of admissions 91,216.

1. Average strength. 2. Constantly sick.

Geographical Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.
Group I.—Burma Coast and Bay Islands.	21,473	21,489	21,567	21,642	21,808	21,947	22,070	22,071	22,052	22,070	22,091	22,191	21,873
	903	907	969	1,008	1,117	1,186	1,153	1,072	1,040	1,006	969	945	1,023
Group II.—Burma Inland . .	3,765	3,699	3,670	3,713	3,773	3,829	3,879	3,858	3,868	3,859	3,844	3,855	3,803
	85	90	85	81	96	111	141	133	101	91	81	72	98
Group III.—Assam . . .	1,108	1,135	1,152	1,215	1,225	1,244	1,226	1,256	1,277	1,272	1,257	1,251	1,219
	31	27	30	35	32	35	43	36	63	69	66	45	43
Group IV.—Bengal and Orissa .	11,937	11,823	11,829	11,899	12,106	12,151	12,086	12,183	12,244	12,120	11,967	11,843	12,016
	420	398	417	426	396	421	439	477	492	442	468	439	437
Group V.—Gangetic Plain and Chutia Nagpur.	21,501	21,468	21,571	21,768	21,944	22,374	22,492	22,432	22,426	22,347	21,715	21,604	21,973
	606	576	646	662	615	629	637	698	746	719	620	582	638
Group VI.—Upper Sub-Himalaya .	12,021	12,027	12,056	12,151	12,129	12,254	12,437	12,346	12,416	12,199	11,893	11,755	12,139
	346	326	296	300	306	316	287	345	392	387	350	342	335
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	8,293	8,137	8,105	8,161	8,064	8,181	8,316	8,516	8,616	8,777	8,720	8,499	8,365
	305	271	243	267	281	252	290	310	276	260	237	222	267
Group VIII.—S.-E. Rajputana, Central India, and Gujarat.	4,168	4,162	4,128	4,047	3,972	4,046	4,122	4,139	4,287	4,317	4,338	4,330	4,171
	125	123	124	125	121	116	126	132	161	163	138	138	133
Roup IX.—Deccan . . .	7,274	7,268	7,203	7,127	7,172	7,267	7,375	7,421	7,490	7,390	7,275	7,164	7,287
	156	156	148	149	167	179	195	185	176	174	184	162	170
Roup X.—Western Coast . .	2,530	2,499	2,452	2,515	2,505	2,470	2,530	2,466	2,415	2,535	2,605	2,549	2,506
	71	72	61	56	58	56	60	56	56	57	51	53	60
Roup XI.—Southern India . .	8,079	8,138	8,088	8,162	8,173	8,272	8,383	8,566	8,531	8,614	8,533	8,520	8,337
	159	158	149	152	159	178	172	189	169	162	168	161	164
Roup XII.—Hills . . .	552	581	565	587	594	625	618	620	629	554	548	513	582
	17	18	16	11	15	13	15	21	19	14	12	9	16
NDIA*	102,730	102,462	102,419	103,029	103,554	104,734	105,601	105,936	106,312	106,113	104,835	104,125	104,325
	3,225	3,122	3,185	3,274	3,368	3,495	3,559	3,655	3,693	3,546	3,344	3,170	3,386

1. Average strength. 2. Constantly sick.

Administrations.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.
NDAMANS	13,706	13,782	13,828	13,881	13,918	13,961	14,032	14,053	14,091	14,114	14,141	14,155	13,972
	761	777	827	867	973	1,041	1,021	938	891	878	849	830	888
RMA	11,532	11,406	11,409	11,474	11,663	11,815	11,917	11,876	11,829	11,815	11,794	11,891	11,704
	227	220	227	222	240	256	273	267	250	219	201	187	233
SAM	1,160	1,196	1,215	1,274	1,274	1,292	1,273	1,299	1,321	1,318	1,304	1,301	1,270
	31	27	31	38	36	36	43	37	63	69	66	45	44
NGAL	18,793	18,671	18,585	18,645	18,926	19,073	18,985	19,039	19,169	19,108	18,930	18,965	18,907
	643	610	656	664	639	671	696	740	755	702	695	668	677
NITED PROVINCES	23,282	23,328	23,553	23,775	23,791	24,304	24,627	24,642	24,713	24,317	23,421	23,025	23,902
	663	641	668	685	617	596	592	701	808	807	688	635	671
NJAB	11,847	11,653	11,560	11,632	11,501	11,585	11,727	11,809	11,876	12,023	11,987	11,695	11,740
	412	354	322	330	375	370	389	431	401	356	322	309	366
-W. F. PROVINCE . . .	1,251	1,277	1,272	1,289	1,342	1,309	1,296	1,296	1,350	1,306	1,293	1,291	1,297
	45	44	34	42	45	39	36	38	45	42	43	42	41
MBAY	7,662	7,673	7,583	7,536	7,650	7,742	7,908	7,917	7,951	8,017	8,014	8,004	7,804
	176	199	182	181	174	189	214	183	198	200	198	192	192
NTRAL PROVINCES . . .	3,787	3,752	3,770	3,788	3,804	3,862	3,928	3,926	3,965	3,920	3,866	3,728	3,843
	67	56	60	64	77	88	92	103	84	84	82	69	78
ADRAS	9,118	9,145	9,093	9,188	9,149	9,278	9,394	9,542	9,475	9,554	9,468	9,449	9,320
	192	182	168	171	179	198	190	205	187	178	187	180	184
INDIA †	102,730	102,462	102,419	103,029	103,554	104,734	105,601	105,936	106,312	105,113	104,835	104,125	104,325
	3,225	3,122	3,185	3,274	3,368	3,495	3,559	3,655	3,693	3,546	3,344	3,170	3,386

* Including Aden.

† Including Ajmer, Secunderabad, Quetta, and Mercara.

TABLE XLIV.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

BURMA.

Mergui.—The convict ward was overcrowded for 3 days only. It was said that the diseases for which patients were treated we mainly due to climatic influences and that all the cases of dysentery were in men who had come from malarious parts of the country. Th Inspector-General remarks :—" As a rule this is a healthy jail. The high mortality during the year was due to cholera. Three out four deaths were due to this cause. Burmese prisoners do not require any arrangements for drying their bodies, their natural habits bein to put on clothes soon after a dip in the water."

Myanaung.—The criminal and under-trial wards were overcrowded for 96 days during the year, which was relieved by th use of workshop No. 1. Sickness and mortality were due to climatic causes. The Inspector-General remarks.—High mortality due to sma daily average strength. An obsolete type of jail. Its closure will be considered as soon as the Henzada-Kyangin railway line is comple ted.

Mandalay, Central.—No overcrowding. During the outbreak of cholera in June the polish shed and an old disused cook-hous were occupied for 17 and 8 nights, respectively. Ventilation is defective, as the jail is situated in the north-west corner of Fort Dufferin, whi is surrounded by a high wall. There is scarcely any natural outfall to the ground and the soil is water-logged. The drains are faulty construction, shallow, broken, and out of level. Water stagnates in pools and has to be brushed or baled out. The water from the moat bad and unfit for drinking purposes and the supply from the neighbouring wells is of doubtful quality. The surroundings are low-lying and badl drained. The jail is built on a made-up piece of ground. The site was originally a swamp throughout the greater part of the year, an rubbish used to be thrown there. There was an outbreak of epidemic cholera in June and December. Every endeavour was made to tra the origin of the disease, but without success. The first cases occurred in the jail hospital in patients who had been under treatment for diarrh for several days. There were a few sporadic cases in Mandalay, but none near the jail. Dysentery and diarrhœa were said to be d mainly to the very unsuitable nature of the soil on which the jail is built : bad water supply and defective drainage. The Inspector-Gener remarks:—" The jail site is bad and low, and consequently efficient drainage is not possible. The dual system of water supply, *vi* one for bathing and another for drinking purposes is objectionable. This will be remedied as soon as the tube-well is completed. Kach and Hill-tribe prisoners who are sent to this jail increase the sickness and mortality of the jail, as the climate of the plains does n agree with them. A jail at Mogok is under construction for these prisoners, when it is hoped that the sickness and mortality of the ja will be reduced a great deal.

Katha—The jail was overcrowded for 29 days in the year, the longest period at any one time being 19 days in the month August. The jail is well drained, but close to it on the south and west is a large stretch of land under rice cultivation. It is under water the rains, and a small swamp exists throughout the year. The sickness and mortality were said to be due not to any particular local cause, b to the general unhealthiness, which characterised the year as shown by the occurrence of an epidemic of cholera, and the prevalence of bowe compliants and fever in the district. The Inspector-General remarks :—" Katha district is one of the unhealthy districts of Burm This jail receives Kachin and other Hill-tribe prisoners who, as as rule, do not enjoy good health in the plains. It is not possible drain the swamp at the west of the jail without an enormous outlay, and even then it is doubtful whether it can be thoroughly drained."

ASSAM.

Gauhati.—If the hospital accommodation be excluded, there was slight overcrowding of one or two per barrack, from the middle April to the middle of June. The drainage is bad and is considered the chief cause of sickness ; until some scheme is adopted for preventi the water-logged condition of the site on which the jail stands it will not be healthy. This defect is also chiefly responsible for the outbre of dysentery during the year, and to this may be added the fact that early cases of dysentery were not isolated. Isolation was commenc in September ; but the accommodation provided was insufficient and by this time the disease had spread beyond control. The Inspect General remarks :—" The epidemic of dysentery was the noteworthy feature of the year and it is possible that this might have been check had more effective steps been taken to isolate the early cases. It is feared that the drainage in the rainy season when the Brahmaput river is in flood will always be defective."

BENGAL.

Chittagong.—The convict and under-trial wards were overcrowded for 30 and 31 days, respectively. The hospital is a single wa with no separate accommodation for different diseases. The two solitary cells are damp, ill-ventilated and unfit for use. The drains outsi are deep and narrow and square in shape about 8 inches broad, and 1½ feet deep. They are in bad repair and from their shape impossi to keep clean. The jail is surrounded by dwelling-houses all round. Municipal sweepers' quarters are within ¼ mile of the jail wall. T sickness is due chiefly to recurrences in the jail of diseases brought in by prisoners. There is little disease arising *de novo* in the j The jail site is well drained and the barracks are remarkably free from mosquitoes. The Inspector-General remarks :—" This old jail h been almost entirely rebuilt and enlarged. Health of the district is bad. New buildings will soon be completed."

Backergunge.—Overcrowding existed during the early part of the year. Buildings are well ventilated, except at night, when ventil tions are closed. The site of the jail is somewhat overcrowded with buildings, but free perflation of air is assured. Drainage is bad. T jails compound is low-lying and rain water stagnates. The high tide level is above the level of the inside drains which leads to back flow in the jail. Urine is thrown into drains and flows into a neighbouring *Khal* ; at high tides there is back flow into the jail. The wat supply is taken from the middle of the river ; it is then boiled and cooled and stored in tins. It is unfiltered and in hot weather cann be propely cooled. On two sides of the jail there is a *Khal*, which is tidal and very filthy, the banks being lined by private latrines. There a tidal ditch on the south side and the main bazaar road on the west. Sickness is said to be due to overcrowding of jail site, high sub-s water level, and the bad drainage. The Inspector General remarks :—" This jail was specially examned and reported on. Large and radi improvements recommended, and sanctions and some already begun. Chief defect has been overcrowding, water-logged soil, and these, addition to the very bad state of health of prisoners on admission, have been the main causes of prisoners' bad health. The year 1904 h shown a great improvement in health. A new hospital has been built and opened during the year."

Balasore.—Every ward except the hospital and the solitary cells was more or less overcrowded from 5th April to 5th July 1904. T other causes of disease are probably due to rice cultivation in the jail compound, where water lodges in the rainy season to about 1 foot depth, and the deep drain behind the jail wall lodged water to a depth of about 5 feet for half the year. Gastro-intestinal troubles a frequent among opium-eaters, who form a large proportion of admissions into hospital. They are worn-out debilitated men, who have n the vitality to recover from any severe form of illness. Overfeeding of these old men and their detention in the observation and convalesce gang until they become seriously ill was also considered conducive in a large degree to the high death-rate.

UNITED PROVINCES.

Gorakhpur.—The jail was overcrowded on 97 days in the year. Overcrowding was relieved by putting short term good cond prisoners in the verandah. It is considered that some more superficial pucca drains are required to carry off water from inside the ma wall. The high death-rate was largely due to dysentery. The transfer of good health prisoners from this to other jails to perform meni duties, though, no doubt necessary for administrative reasons, tends to make the death-rate higher than it would otherwise be, as on prisoners in good health are thus transferred. The Gorakhpur district contains a large amount of jungle, swamps, and rice land, with t consequence that many of the prisoners admitted to Jail are subjects of malarial fever or its sequel. The Inspector-General remarks:—" Superintendent has only been in charge for a few weeks, and no defects in drainage have been pointed out to me by his predecess nor have I noticed them myself. At the beginning of the year the water supply was defective owing to a break down of the water lift, b efficient pumps have now been provided and the water supply is well protected. I have therefore directed the Superintendent to discontin boiling the water, a practice which was introduced during my absence on furlough.

TABLE XLIV—*concluded.*

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

In my opinion boiling the water in a well-protected supply like in Gorakhpur jail is unnecessary, and, unless the arrangements for cooling and distributing the boiled water are very efficient (as in Mirzapur jail), I consider the process worse than useless. Experience in other jails bears out the fact."

ORAI.—No overcrowding. Sickness was attributed to the excessive rainfall in July and August. The Inspector-General remarks :—This district is very malarious and many of the prisoners are in bad health on admission. The Sanitary condition of the jail is good. Owing to the great depth of the well, an efficient pump, which would be kept in proper repair in a small station like Orai, cannot be obtained.

MUZAFFARNAGAR :—Wards nos. 1, 2, and 7, the under-trial ward were overcrowded for 28 days in the year. One factory building was used at night for 10 days. Overcrowding was also relieved by transfers, and by the use of a segregation camp. Dormitories and the hospital have no night latrines outside. The ventilation is defective owing to the partition walls being too high. As regards drainage the land outside the jail is water-logged. The district is said to be very malarious. The Inspector-General remarks : —"This is a very small jail and the deaths of a few prisoners admitted in bad and indifferent health give a large death-rate. It is an old jail built on obsolete lines, but its sanitary condition is as good as possible under the circumstances."

PUNJAB.

MOOLTAN CENTRAL.—There was no overcrowding in the wards, as the excess prisoners were accommodated in tents. The buildings are poorly ventilated. To obtain free movement of air inside the Jail enclosure is difficult owing to the large number of partition walls. The poor and defective ventilation of the sleeping wards in addition to the admission of the prisoners in indifferent and bad health into the jail was said to be the principal cause of sickness and mortality. The Inspector-General remarks "The sanitation of this Jail has been much improved during recent years. Steps were taken long ago to supply a filth ejector. Government has already sanctioned a scheme for a pipe water-supply and steps are being taken to improve the ventilation of barracks. A Thresh's disinfector was included in the last indent for European stores."

BOMBAY.

BOMBAY HOUSE OF CORRECTION.—The jail was constantly overcrowded. The cells, dormitories, factories, and hospital are not properly ventilated owing to structural defects. The Inspector-General remarks—"This prison is defective in construction. The whole question of fresh jail accommodation for Bombay Island is a very difficult one and is at present under consideration of a Committee appointed by Government. Personally I do not think 96 per cent. of the admissions could be described as in good health ; they may look healthy, but the Bombay habitual is rotten from vice. New latrines are being erected. Certain obstructions to ventilation have been removed."

CENTRAL PROVINCES.

BALAGHAT.—Overcrowding existed for 18 days in January, 9 days in May, 23 days in June, 9 days in July, 30 days in August, 19 days in September, 23 days in October, 30 days in November, and 31 days in December. Lateral ventilation of the barracks is defective and there is also site crowding, as too many partition walls exist inside the jail. The Inspector-General remarks :—"This jail will shortly be reduced to the status of a subsidiary Jail."

BASIM :—The female barrack was overcrowded for a few days in December, which was relieved by using a tent. The saucer drains that intersect all parts of the jail were repaired ; but it was recommended that they should be replaced by stone drains. The Inspector-General remarks.—"This jail will be reduced to a subsidiary jail."

COORG.

MERCARA.—Overcrowding existed for 4 days in the female under-trial ward. Of the 6 prisoners who died during the year, 4 were admitted in an indifferent state of health, 1 in bad, and 1 in good health. The Chief Commissioner remarks :—"I visited the jail on the 5th February and was satisfied with everything that I saw. I only suggested a small improvement in regard to the latrine and kitchen, which has since been carried out."

TABLE XLV.

INFLUENZA by months, Jails, Groups, and Administrations.

TABLE XLVI.

CHOLERA by months, Jails, Groups, and Administrations.

Jails* and Groups.	Admissions from Influenza in each month.													Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	2	3	19	1	...	...	...	...	1	3	26	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Mergui	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	4
Moulmein	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2
Toungoo	...	...	...	...	...	21	1	...	...	...	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Maubin	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2
Group I.—Burma Coast and Bay Islands	...	2	3	19	1	21	1	...	...	1	3	26	77	...	...	3	1	4	...	...	...	...	...	...	...	8
Myingyan, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2
Mandalay „	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	18	...	...	...	...	...	3	24
Group II.—Burma Inland	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3	18	...	...	...	...	...	3	26
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Group III.—Assam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Alipore, Central	7	8	4	1	...	...	1	20	15	26	14	11	107	...	...	...	...	...	...	...	...	...	...	...	...	...
Faridpur	...	...	...	...	...	...	...	7	3	7	22	2	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Purneah	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Group IV.—Bengal and Orissa	7	8	4	1	..	..	1	27	18	33	36	13	148	...	...	1	...	...	...	...	...	...	...	...	...	1
B																										
Bbagalpur, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Monghyr	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Patna	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Chapra	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Azamgarh	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow, Central	...	...	...	1	...	2	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	1	...	2	...	...	1	1	..	1	6	1	...	...	2	...	1	...	...	...	...	...	...	4
A																										
Bareilly District	1	...	...	...	3	10	10	1	9	11	4	17	66	...	...	...	...	...	...	...	...	...	...	...	...	...
Bulandshahr	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Saharanpur	1	...	...	...	...	...	4	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	...	...	...	1	8	5	1	...	...	...	...	2	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Rohtak	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	2	...	1	1	11	15	15	1	9	13	4	19	91	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Montgomery, Central	5	1	...	3	15	3	...	...	...	...	...	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan District	...	...	...	25	25	...	...	...	...	...	...	...	50	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N. W. Frontier, Indus Valley, and N. W. Rajputana	5	1	...	28	40	3	...	...	...	...	...	...	77	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Nagpur, Central	...	...	...	1	...	...	...	...	...	..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeotmahl	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B																										
Deccan Gang	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	..	...	2	...	...	2
Group IX.—Deccan	...	...	...	1	..	...	..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2	...	...	3

* Jails where neither Influenza nor Cholera occurred are not shown in these tables.
For the annual ratios, see Table XLII.

Jails, Groups and Administrations.	Admissions from Influenza in each month.													Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Coimbatore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
B																										
Madura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	2
Vellore, Central	...	...	...	...	...	...	21	4	...	...	...	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Group XI.—Southern India	...	...	...	...	...	...	21	4	...	...	...	...	25	1	1	1	...	...	...	1	...	...	...	...	...	4
INDIA	14	11	8	51	52	41	38	32	28	48	43	59	425	2	3	5	3	7	20	1	...	1	2	...	3	47
Andamans	...	2	3	19	1	...	...	...	...	1	3	26	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Burma	...	...	...	...	...	21	1	...	...	...	...	...	22	...	2	3	1	7	18	...	...	...	...	...	3	34
Assam	...	...	...	...	...	...	..	...	...	.	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Bengal	7	8	4	1	...	...	1	27	18	33	36	13	148	1	...	1	2	...	1	...	...	...	...	...	...	5
United Provinces	2	...	...	2	11	17	15	1	10	14	4	20	96	...	...	...	...	...	...	...	...	...	...	...	...	...
Punjab	5	1	1	28	40	3	...	...	...	...	...	...	78	...	...	...	...	...	...	...	...	...	...	...	...	...
N.-W. Frontier Province	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	2	...	...	2
Central Provinces	...	...	...	1	...	...	...		...	...	...	...		...	...	...	...	...	...	.	...	1	...	...	...	1
Madras	...	...	...	...	...	...	21	4	...	...	...	...	25	1	1	1	...	...	...	1	...	...	...	...	...	4

TABLE XLVII.

ENTERIC FEVER by months, Jails, Groups, and Administrations.

TABLE XLVIII.

SIMPLE CONTINUED FEVER by monhs, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Toungoo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3
Rangoon, Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	1	1	1	1	...	1	...	9
" " Natives	...	...	...	...	...	...	...	...	...	...	...	...	..	15	17	22	21	28	17	22	13	8	16	8	9	196
Bassein, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	1	5	9	...	2	...	2	3	25
Insein, "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	8	9	5	5	2	8	13	14	65
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	...	...	...	...	...	...	...	...	18	17	22	25	38	32	37	19	13	24	24	29	298
Thayetmyo, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	5
Taungdwingyi	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Mandalay, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
GROUP II.—BURMA INLAND	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	6	...	...	7
Gauhati	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	7	...	...	1	8
GROUP III.—ASSAM	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	7	...	...	1	8
Chittagong	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Jessore	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central, Europeans	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur	...	1	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Suri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Bankura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2
GROUP IV.—BENGAL AND ORISSA	1	1	1	3	...	...	...	...	...	...	...	...	6	...	2	...	...	...	...	1	...	...	...	...	...	3
A																										
Chaibassa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Palamau	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	1	...	...	5
Hazaribagh, Central	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gaya	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Chapra	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	3
Rai Bareli	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	20	12	2	4	42
Jaunpur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	3
Benares District	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	..	...	...	...	...
Allahabad, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	31	23	14	18	86
" District	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Barabanki	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Mainpuri	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh, Central	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	...	...	2	1	...	...	1	1	...	1	...	6	...	...	...	3	2	1	1	7	53	36	16	22	141
A																										
Bareilly, Centra	...	...	...	1	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Budaon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Bulandshahr	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	1
Rohtak	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Ludhiana	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1
Hoshiarpur	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	1	...	...	...	...	...	...	...	...	1
Jullundur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	1
Ferozepore	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	2	...	3	1	3	2	6	5	5		33
Lahore, Central	1	1	...	...	...	1	1	3	4	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
" District	...	...	...	...	1	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	..	...	..	...		...
GROUP VI.—UPPER SUB-HIMALAYA	1	1	1	1	1	1	1	3	5	3	...	...	18	3	4	2	1	3	1	4	2	7	5	6	...	38

* Jails where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table XLII.

JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Mianwali	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan District	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	2	...	...	...	7
C																										
Sind Gang	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	5	...	...	1	2	...	...	...	8
B																										
Jhansi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA AND GUJARAT	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
A																										
Nagpur, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	5	6	...	...	1	18
Bhandara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	3
B																										
Basim	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Deccan Gang	...	...	...	...	...	...	...	...	...	...	...	...	...	16	7	4	...	...	...	2	...	...	4	5	...	38
Dharwar	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	...	...	1	...	...	...	...	...	...	...	...	1	17	7	4	2	...	2	6	5	6	4	5	2	60
Bombay, Common	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Bombay House of Correction	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore, Central	11	1	...	...	...	...	1	1	...	...	4	1	19	...	2	3	2	3	1	...	1	1	2	3	5	23
GROUP X.—WESTERN COAST	11	1	...	...	...	...	2	1	...	...	4	1	20	...	2	3	2	4	1	...	1	1	2	3	5	24
A																										
Bellary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Coimbatore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	2	...	2	...	2	...	1	3	1	15
B																										
Palamcottah	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	1	...	...	...	1	2	7
Cuddalore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Vellore, Central	...	...	...	...	...	...	...	...	...	...	...	1	1	7	9	1	1	2	10	5	3	8	6	7	17	76
Madras Penitentiary, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	10	1	1	3	3	24
Nellore	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2
GROUP XI.—SOUTHERN INDIA	...	...	...	...	...	...	...	...	...	...	...	1	1	12	13	1	3	3	16	8	15	9	8	14	24	126
Shillong	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	12	...	...	...	...	...	...	16
Pauri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Quetta	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Russellkonda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
GROUP XII.—HILLS	...	...	...	1	...	...	...	...	...	...	...	...	1	1	3	...	...	...	13	...	...	1	2	...	...	20
INDIA*	13	3	2	8	3	2	3	5	6	3	5	2	55	51	48	32	36	57	66	58	50	99	57	68	83	735
ANDAMANS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BURMA	...	...	...	...	...	...	...	...	...	...	...	...	...	18	17	22	25	38	32	38	19	13	30	24	29	305
ASSAM	...	...	...	1	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	7	...	...	1	8
BENGAL	1	1	1	4	...	...	...	1	...	...	...	...	8	...	2	...	2	2	...	1	3	1	1	...	...	12
UNITED PROVINCES	...	...	...	2	1	...	...	...	1	3	1	...	8	1	4	...	1	2	14	1	4	53	35	16	22	153
PUNJAB	1	1	1	...	1	2	1	3	5	...	...	...	15	3	3	2	1	8	1	4	2	8	5	6	...	43
NORTH-WEST FRONTIER PROVINCE	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	...	...	...	1	...	...	1	...	...	...	...	...	2	16	7	4	...	1	...	2	1	...	4	5	...	40
CENTRAL PROVINCES	...	...	...	...	...	...	...	...	...	...	...	...		1	...	...	2	...	2	4	5	6	...	...	2	22
MADRAS	11	1	...	...	...	...	1	1	...	...	4	2	20	12	15	4	5	6	17	8	16	11	11	17	29	151

* Including Quetta.

TABLE XLIX.

INTERMITTENT FEVER by months, Jails, Groups, and Administrations.

Jails* and Groups.	Admissions from Intermittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Fort Blair	922	821	935	901	1,701	2,743	2,154	1,696	1,331	1,132	1,018	1,041	16,395
Mergui	1	3	2	3	6	1	...	...	...	...	...	...	16
Tavoy	3	...	...	...	3	1	4	1	...	...	2	...	14
Moulmein	...	1	...	...	3	3	2	7	2	2	1	...	21
Shwegyin	...	2	...	...	1	...	1	1	1	...	...	2	8
Toungoo	...	1	1	1	4	...	1	...	...	...	...	...	8
Rangoon, Central, Europeans	...	1	...	...	...	1	...	...	...	...	...	...	2
Rangoon, Central, Natives	4	6	...	1	7	5	10	5	8	1	6	2	55
Maubin	1	2	...	2	2	2	1	3	1	1	1	...	16
Myaungmyo	4	4	6	1	3	2	...	...	2	...	6	...	28
Bassein, Central	...	3	10	5	4	13	3	3	3	1	2	2	49
Insein ,,	5	8	3	1	2	...	5	3	4	...	2	1	34
Henzada	2	...	1	1	1	1	4	2	2	3	4	2	23
Myanaung	1	...	...	...	1	1	1	1	...	...	1	...	6
Sandoway	...	...	...	1	3	...	...	...	...	...	3	...	7
Kyaukpyu	...	...	...	2	1	3	1	...	3	...	...	...	10
Akyab	...	...	...	...	...	...	...	...	...	...	...	1	1
Group I.—Burma Coast and Bay Islands	943	852	958	919	1,742	2,776	2,187	1,722	1,357	1,140	1,046	1,051	16,693
Paungdi	...	...	...	...	4	2	1	...	...	...	...	...	7
Prome	2	...	1	...	...	1	2	...	1	5	...	3	15
Thayetmyo, Central	5	...	1	...	...	1	5	1	5	...	2	...	20
Minbu	1	2	6	2	...	1	1	...	...	2	2	...	17
Meiktila	2	...	...	...	1	1	...	1	...	...	...	...	5
Pakōkku	..	...	...	...	...	...	...	...	1	...	1	...	2
Myingyan, Central	6	2	4	3	7	6	7	6	3	1	3	3	51
Mandalay ,,	8	10	7	13	16	31	15	2	3	10	6	7	128
Monywa	1	...	...	...	...	...	...	...	...	...	...	...	1
Shwebo	1	1	3	2	...	1	...	...	1	...	...	1	10
Bhamo	...	1	...	1	2	3	5	7	6	5	3	1	34
Katha	...	2	1	2	...	2	...	1	...	1	...	2	11
Kindat	...	1	...	...	...	3	...	1	1	1	...	...	7
Group II.—Burma Inland	26	19	23	23	30	52	36	19	21	25	17	17	308
Cachar	...	...	...	...	...	1	1	1	1	2	1	...	7
Sibsagar	...	...	...	1	1	...	7	...	1	4	4	...	18
Dibrugarh	1	1	3	5	2	2	3	1	8	...	2	2	30
Tezpur	2	1	4	2	4	2	3	5	4	4	1	...	32
Gauhati	1	...	1	...	8	4	2	...	5	3	...	1	25
Sylhet	3	3	4	6	8	8	8	13	7	10	1	5	76
Group III.—Assam	7	5	12	14	23	17	24	20	26	23	9	8	188
Mymensingh	21	12	13	2	10	16	5	14	12	2	8	19	134
Dacca, Central	8	10	7	8	8	13	11	16	10	11	12	11	125
Tippera	1	1	...	1	2	7	3	13	...	2	2	...	32
Chittagong	2	1	9	22	11	8	8	23	21	18	7	4	134
Noakhali	4	...	3	1	...	3	3	1	2	2	3	2	24
Backergunge	18	28	25	28	17	15	34	25	4	15	18	7	234
Khulna	3	4	4	...	2	1	...	7	9	3	1	1	35
Jessore	18	21	7	7	4	9	39	22	8	18	22	15	190
Baraset	3	2	6	5	1	3	13	14	17	33	28	7	132
Presidency, Central, Europeans	...	...	...	...	...	...	...	...	...	...	1	...	1
Presidency Central, Natives	5	5	9	6	5	6	4	10	13	5	3	1	72
Alipore, Central	1	...	6	14	17	27	12	10	4	12	8	18	129
Hooghly	6	5	4	...	6	4	3	7	10	8	8	10	71
Burdwan	8	9	5	8	7	6	5	5	6	7	6	7	79
Krishnagar	2	4	5	1	4	4	3	7	2	4	8	13	57
Faridpur	3	3	9	13	13	4	9	6	2	5	4	3	74
Pubna	8	6	11	13	8	7	8	6	7	19	14	23	130
Murshidabad	5	1	3	3	1	3	2	6	1	4	2	4	35
Rajshahi, Central	8	12	7	9	4	5	6	9	7	12	8	12	99
Bogra	4	4	5	3	3	5	3	2	1	6	8	5	49
Malda	3	7	6	4	2	4	5	6	13	6	9	2	67
Dinajpur	4	1	3	2	7	9	4	3	4	3	3	2	45
Rangpur	15	5	13	12	13	15	71	59	64	62	70	22	421
Jalpaiguri	2	1	1	3	2	4	3	2	2	1	3	...	24
Purneah	2	3	4	3	2	7	10	18	5	1	2	...	57
Naya Dumka	...	...	...	5	...	1	2	5	2	...	...	...	15
Suri	3	...	1	...	2	...	...	...	6	1	4	1	18
Bankura	1	1	6	...	1	3	1	1	2	5	4	...	25
Midnapore, Central	27	25	24	26	9	61	26	22	27	42	64	32	385
Balasore	2	1	...	...	3	...	3	1	2	2	1	3	18
Cuttack	3	10	6	3	...	6	3	3	4	5	5	5	53
Puri	4	6	7	1	...	13	...	5	2	2	2	4	46
Angul	1	1	2	1	...	4	2	4	3	1	...	...	19
Group IV.—Bengal and Orissa	195	189	211	204	164	273	301	332	272	317	338	233	3,029

TABLE L.

REMITTENT FEVER by months, Jail Groups, and Administrations.

Jails* and Groups.	Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Fort Blair	4	3	5	10	9	16	21	20	9	3	5	8	113
Mergui	,,	...	...	...	...	...	...	.	...	...	...	...	...
Tavoy	...	...	...	1	...	...	...	...	...	...	...	...	1
Moulmein	...	1	...	...	...	...	...	...	...	...	1	...	2
Shwegyin	1	1	...	...	...	...	1	...	...	...	...	1	4
Toungoo	...	...	...	...	...	..	...	...	...	...	...	...	...
Rangoon, Central, Europeans	...	...	...	...	...		...	...	...	..	...	...	...
Rangoon, Central, Natives	...	...	...	...	...	...	...	...	..	...	...	...	...
Maubin	...	...	...	...	...	...	...	...	...	...	..	...	...
Myaungmyo	...	...	...	...	...	...	1	...	...	...	...	...	1
Bassein, Central	...	...	...	...	...	...	...	...	...	...	1	...	1
Insein ,,	...	...	...	...	...	...	...	...	...	...	..	...	...
Henzada	...	...	...	...	...	...	...	...	...	1	...	.	1
Myanaung	...	...	...	...	...	...	...	...	...	...	...	...	...
Sandoway	...	...	...	...	..	...	...	...	...	...	...	...	...
Kyaukpyu	...	...	...	...	...	...	...	...	...	...	...	...	...
Akyab	...	...	...	...	...	...	...	..	...	1	...	...	1
Group I.—Burma Coast and Bay Islands	5	5	5	11	9	16	23	20	9	5	7	9	124
Paungdi	...	...	...	...	...	...	.	...	...	...	...	...	...
Prome	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Pakōkku	...	...	...	...	...	...	...	...	...	...	...	..	...
Myingyan, Central	...	..	...	...	...	...	...	2	...	...	...	...	2
Mandalay ,,	...	..	...	...	...	...	...	...	...	...	...	...	...
Monywa	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	1	2	3	1	..	...	...	...	...	...	7
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
Katha	...	...	...	...	...	...	...	...	...	...	...	...	...
Kindat	...	...	..	..	...	...	..	...	...	...	...	...	...
Group II.—Burma Inland	...	...	1	2	3	1	...	2	...	...	...	...	9
Cachar	...	...	...	...	...	...	...	...	...	...	...	...	...
Sibsagar	...	...	...	...	...	...	1	...	1	...	...	...	2
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur	...	...	..	...	...	...	...	...	...	...	...	...	...
Gauhati	...	...	...	...	...	...	...	...	...	...	...	...	...
Sylhet	...	...	...	...	...	...	3	3	2	2	...	...	10
Group III.—Assam	...	...	...	...	...	...	4	3	3	2	...	...	12
Mymensingh	...	...	...	...	...	...	...	...	...	...	...	...	...
Dacca, Central	...	...	...	...	...	..	...	...	...	...	...	...	...
Tippera	...	...	...	...	...	...	..	...	...	...	...	...	...
Chittagong	...	...	1	...	...	...	...	...	...	...	...	...	1
Noakhali	...	...	...	...	...	...	...	...	...	...	...	...	...
Backergunge	...	...	...	...	...	...	...	...	...	...	...	...	...
Khulna	...	...	...	...	...	...	...	...	...	...	...	...	...
Jessore	...	1	...	...	...	...	...	...	...	...	...	...	1
Baraset	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency Central, Natives	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Hooghly	...	...	...	..	...	...	...	...	...	...	...	...	...
Burdwan	...	...	...	...	...	...	...	...	...	...	...	1	1
Krishnagar	...	3	...	..	...	...	...	...	...	...	...	.	3
Faridpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Pubna	...	..	...	...	...	...	...	...	...	...	...	...	...
Murshidabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Rajshahi, Central	...	...	...	...	...	...	...	1	...	...	...	...	1
Bogra	...	...	...	...	...	...	...	...	...	...	...	...	...
Malda	...	...	...	...	...	...	...	2	...	2	...	...	4
Dinajpur	...	...	...	...	...	...	...	...	...	1	...	...	1
Rangpur	...	...	...	...	...	...	...	...	...	...	...	..	...
Jalpaiguri	...	1	...	...	...	...	...	...	...	...	...	...	1
Purneah	...	...	1	...	...	1	1	...	...	...	...	...	3
Naya Dumka	...	...	...	...	...	...	...	...	...	..	...	...	...
Suri	...	...	...	...	...	...	1	...	...	...	...	...	1
Bankura	...	...	...	...	...	...	...	...	...	...	...	...	...
Midnapore, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Balasore	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack	...	...	...	...	...	...	...	...	...	...	...	...	...
Puri	1	...	...	...	...	...	...	...	...	...	...	...	1
Angul	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	1	5	2	...	...	1	2	3	...	3	...	1	18

* Jails where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables.
For the annual ratios see Table XLII.

Jails and Groups.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Chaibassa	6	2	4	3	6	14	7	4	4	1	5	4	60	...	...	...	...	...	...	...	...	...	...	...	...	...
Purulia	8	1	1	2	11	4	6	8	8	6	9	9	73	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranchi	4	5	...	3	...	4	2	4	...	1	1	1	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Palamau	...	...	...	...	1	1	5	8	5	1	6	3	30	...	...	...	2	...	...	...	...	...	...	...	...	2
Hazaribagh, Central	9	3	10	7	10	9	12	27	13	32	31	13	176	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Gaya	...	2	2	4	1	2	3	13	18	30	17	2	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhagalpur, Central	30	38	25	17	13	19	24	22	12	28	31	29	288	...	...	...	...	...	...	...	...	...	...	...	...	...
Monghyr	...	2	3	1	...	1	2	1	2	4	2	1	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Darbhanga	5	2	4	...	...	1	3	20	3	2	...	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...
Champarun	7	8	3	12	18	30	32	18	52	46	49	29	304	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarpur	...	5	3	5	6	5	25	21	3	5	6	10	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Patna	5	6	9	2	3	2	6	23	8	18	19	5	106	...	...	...	...	...	...	1	...	...	...	...	...	1
Arrah	1	...	2	1	5	3	1	4	2	3	4	7	33	...	...	...	1	...	...	...	...	...	...	1	1	3
Chapra	11	18	14	8	5	13	11	4	18	21	22	7	152	...	...	...	...	...	...	...	...	...	...	...	...	...
Buxar, Central	59	64	106	192	138	85	71	106	136	133	86	91	1,267	...	...	1	1	...	1	...	...	...	...	...	...	3
Korantadih	...	...	...	...	...	...	...	...	4	6	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghazipur	2	6	8	9	4	...	3	3	15	5	12	9	76	...	...	...	...	...	...	...	...	...	...	...	...	...
Azamgarh	1	6	6	3	1	2	4	9	12	11	11	7	73	...	...	...	...	...	...	...	...	1	...	...	...	1
Kasia	...	...	...	...	...	...	...	...	1	2	3	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Gorakhpur	6	8	6	4	13	6	17	28	21	17	18	6	150	...	...	...	...	...	...	...	...	...	...	...	...	...
Basti	5	5	5	5	13	4	2	3	32	27	14	2	117	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	3	2	2	4	3	2	3	12	23	11	3	4	72	...	...	...	...	...	...	...	...	...	...	...	...	...
Sultanpur	1	2	4	8	1	1	2	5	13	39	16	12	104	...	...	...	...	...	...	...	...	...	...	...	...	...
Rai Bareli	2	1	4	...	1	5	2	7	10	2	1	2	37	...	...	...	...	...	...	...	...	...	...	...	...	...
Partabgarh	...	1	...	1	...	1	2	3	2	9	2	2	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaunpur	3	1	3	1	1	...	2	6	6	4	4	6	37	...	...	...	...	...	...	1	1	1	1	...	...	4
Benares, Central	11	4	9	10	8	7	5	15	40	42	39	27	217	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	2	1	4	2	2	1	3	5	3	10	7	8	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Mirzapur	3	3	2	5	5	3	7	6	14	18	10	7	83	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad Central	4	12	15	15	4	12	2	13	17	14	5	5	118	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	2	...	3	1	1	1	1	3	5	12	4	1	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwi	...	1	...	...	1	1	...	2	...	1	1	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Banda	4	1	3	4	2	4	5	15	53	45	26	24	186	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur	5	4	5	3	6	3	8	20	47	48	18	2	169	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamirpur	2	1	1	4	1	11	3	4	16	15	17	19	94	...	...	...	...	...	...	...	...	...	...	...	...	...
Orai	3	1	2	1	3	4	2	18	45	25	4	2	110	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	2	...	...	6	11	4	11	14	22	26	18	1	115	...	...	...	...	...	...	...	...	...	...	...	...	...
Unao	1	...	3	...	2	1	4	...	12	10	5	1	39	1	...	...	...	1	...	...	...	...	1	...	...	3
Lucknow, Central	3	2	4	7	4	7	8	10	17	28	4	4	98	...	...	...	...	2	...	...	...	...	...	...	...	2
,, District	1	...	...	1	...	1	1	2	12	16	3	3	40	...	...	1	1	...	...	...	...	...	...	...	...	2
Barabanki	1	1	1	1	9	4	3	5	22	24	13	1	85	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonda	5	2	1	1	4	1	1	5	16	18	6	...	60	...	...	...	...	...	...	...	...	...	...	...	...	...
Bahraich	8	8	3	2	1	3	2	9	5	12	12	17	82	...	...	...	...	...	...	...	...	...	...	...	...	...
Kheri	1	1	5	5	1	...	5	4	5	4	8	5	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	...	...	...	3	...	1	1	14	5	2	2	3	31	...	...	...	...	...	...	1	...	...	...	...	...	1
Hardoi	3	1	...	2	2	4	1	7	37	19	11	8	95	...	...	...	...	...	...	...	...	...	...	...	...	...
Etawah	...	...	3	4	1	5	3	9	11	8	2	1	47	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri	3	1	1	25	14	7	2	12	25	46	11	12	159	...	...	...	...	...	...	...	...	...	...	...	...	...
Etah	3	...	1	6	7	5	6	9	53	42	9	8	149	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh, Central	6	10	4	5	6	20	8	71	108	40	53	29	360	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	1	4	1	3	3	...	...	4	5	7	9	3	40	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	242	246	295	408	352	324	339	635	1,018	936	669	453	5,977	1	...	2	5	3	1	3	1	2	2	1	1	22
A																										
Shahjahanpur	5	6	5	1	3	1	1	11	14	14	8	4	73	...	...	...	...	...	...	...	...	...	...	...	...	...
Pilibhit	...	...	...	1	1	...	...	3	5	7	1	1	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly, Central	21	26	25	41	15	15	16	54	65	46	40	19	383	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	10	5	10	7	3	1	8	30	79	74	46	33	306	...	...	...	...	...	...	...	...	...	...	...	...	...
Budaon	4	1	1	2	2	...	...	1	6	4	5	4	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Aligarh	1	4	2	3	10	5	2	5	17	25	6	3	83	...	...	...	...	...	...	...	...	...	...	...	...	...
Bulandshahr	...	2	3	4	1	5	2	4	11	5	2	2	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Moradabad	6	8	8	9	12	6	11	8	26	46	34	37	211	...	...	...	...	...	...	...	...	...	...	...	...	...
Bijnor	5	7	5	5	7	2	9	28	22	4	1	2	97	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun	...	...	...	...	...	...	...	...	5	4	...	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Shaharanpur	5	3	4	4	7	2	4	7	11	8	5	8	68	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarnagar	2	...	2	3	3	5	1	4	25	13	3	...	61	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	15	14	9	4	...	...	...	12	32	31	34	15	166	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	10	4	9	14	10	2	7	16	27	36	14	9	158	...	...	...	...	...	...	...	...	...	...	...	...	...
Rohtak	4	1	3	3	5	6	8	24	17	23	14	7	115	...	...	...	...	...	...	...	...	...	...	...	...	...
Hissar	5	3	8	8	15	7	2	20	19	17	16	7	127	...	...	...	...	...	...	1	...	...	...	...	...	1
Karnal	2	1	...	2	6	...	3	7	9	6	5	...	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	9	6	8	12	13	9	19	17	35	23	17	7	175	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Ludhiana	3	...	3	2	3	3	...	1	...	1	1	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshiarpur	...	...	1	...	...	...	1	2	2	...	5	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur	4	2	5	3	3	2	...	7	8	5	1	4	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	2	...	...	...	2	...	...	5	3	5	1	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	1	6	2	4	4	2	2	11	12	17	4	2	67	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore, Central	136	123	85	116	128	113	95	74	31	39	57	53	1,050	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	14	8	3	16	18	22	9	8	8	11	20	4	141	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Female	5	4	1	6	6	5	4	3	1	3	3	6	47	...	...	...	...	...	...	...	...	...	...	...	...	...
Gurdaspur	2	...	...	...	...	1	7	3	4	6	2	6	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujranwala	3	2	4	6	7	25	6	6	4	5	5	19	92	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	4	1	3	5	7	6	6	13	4	10	13	6	78	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujrat	2	5	6	3	4	3	5	3	1	1	1	7	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhelum	16	4	1	2	1	3	4	...	5	5	1	1	43	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	15	6	2	8	14	10	8	7	19	58	58	13	218	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	311	252	218	294	310	261	240	394	527	552	423	280	4,062	...	...	...	...	...	...	1	...	...	...	...	...	1

TABLE XLIX—*concluded.*

INTERMITTENT FEVER by months, Jails, Groups, and Administrations.

TABLE L—*concluded.*

REMITTENT FEVER by months, Jails, Groups, and Administrations.

Jails and Groups	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Peshawar	3	10	1	5	9	9	5	9	12	23	28	18	132	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat	9	8	6	7	15	8	9	4	8	8	3	8	93	...	...	...	...	...	...	...	...	...	...	...	...	...
Bannu	1	5	1	6	2	1	5	9	4	8	1	...	43	...	...	...	...	...	...	...	...	...	...	...	...	...
Shahpur	12	4	4	3	4	7	7	4	1	3	1	3	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Mianwali	16	7	7	28	7	2	4	6	17	15	11	14	134	...	...	...	...	...	3	...	...	...	...	...	...	3
Lyallpur	7	8	5	12	16	4	2	1	10	12	38	12	127	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhang	17	5	3	6	12	4	6	4	2	3	15	9	86	...	...	...	...	...	...	...	...	...	...	...	...	...
Montgomery, Central	19	6	16	24	30	20	15	19	20	8	8	14	199	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan, Central	66	35	39	50	96	47	54	57	48	32	32	31	587	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	8	8	11	7	4	6	14	26	30	48	17	13	192	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ismail Khan	25	12	7	14	24	19	10	11	11	22	32	29	216	...	...	...	4	...	...	1	...	...	...	...	...	5
Dera Ghazi Khan	6	4	14	11	19	11	7	2	10	15	14	8	121	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Shikarpur	6	4	10	11	11	8	8	...	4	14	4	7	87	...	...	...	...	...	...	...	...	...	...	...	...	...
Sind Gang	5	1	1	2	...	1	2	2	1	...	1	3	19	...	...	...	...	2	1	...	...	...	...	...	...	3
Hyderabad, Central	3	3	5	3	...	1	4	6	4	5	3	7	44	...	1	...	...	...	...	...	...	...	...	...	...	1
Kurrachee	6	12	6	1	1	...	...	2	3	2	4	6	43	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	209	132	136	190	250	148	152	162	185	218	212	182	2,176	...	1	...	4	2	4	1	...	...	...	...	...	12
A																										
Rajkot	3	2	3	7	...	1	1	1	13	1	6	1	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad, Central	8	8	20	7	9	5	6	10	8	34	24	17	156	...	...	...	...	...	...	...	1	...	...	...	...	1
B																										
Ajmer	...	5	4	1	...	2	...	1	6	6	2	1	28	...	...	...	...	...	...	...	...	...	...	...	...	...
Muttra	1	1	2	1	...	...	1	1	10	6	...	...	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra Central	21	23	27	28	47	21	37	79	159	83	37	33	595	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	2	7	3	3	4	2	3	6	8	7	6	1	52	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	3	4	3	3	...	...	...	2	8	6	...	2	31	...	...	...	...	...	1	1	...	...	...	...	...	2
Lalitpur	1	1	...	2	...	...	2	3	5	3	2	...	19	...	...	...	...	1	...	...	1	...	...	...	...	2
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	39	51	62	52	60	31	50	103	217	146	77	55	943	...	...	...	...	1	1	1	2	...	...	...	...	5
A																										
Damoh	...	...	...	...	1	...	3	2	8	1	...	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Saugor	4	...	1	1	1	5	2	2	4	3	4	1	28	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore, Central	1	...	...	1	2	...	1	8	6	6	...	1	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Narsinghpur	1	1	...	2	...	3	...	1	2	2	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandla	2	...	2	...	2	2	7	2	2	9	2	1	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur	1	...	...	1	2	...	1	2	2	...	...	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Sambalpur	...	...	1	1	1	2	5	3	2	1	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Raipur, Central	6	6	4	1	6	4	10	14	16	14	11	6	98	...	...	...	...	...	...	...	...	...	...	...	...	...
Balaghat	...	...	...	...	...	...	2	6	2	...	1	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Seoni	...	...	...	...	...	2	4	2	1	4	4	2	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Chhindwara	...	...	...	...	...	...	...	...	...	1	...	1	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshangabad	8	5	2	3	2	7	4	9	5	5	8	4	62	...	...	...	...	...	...	...	...	...	...	...	...	...
Nimar	2	...	4	...	1	1	3	2	2	9	...	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Betul	...	...	...	2	...	...	...	2	1	...	...	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur, Central	6	6	9	2	3	4	13	14	15	7	22	4	105	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhandara	...	1	2	...	...	...	3	2	7	2	1	2	20	...	...	...	...	...	...	...	...	...	...	...	...	...
Wardha	...	...	...	...	...	2	...	1	...	...	...	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Chanda	1	1	...	...	1	...	3	4	3	...	1	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	1	2	1	1	1	1	4	...	...	...	2	2	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeotmahl	...	...	...	1	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Amraoti, Central	5	...	1	...	...	3	7	4	1	2	2	5	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Akola, Central	13	8	2	1	4	2	10	30	17	7	5	3	102	...	...	...	...	...	...	...	...	...	...	...	...	...
Basim	2	...	...	...	...	...	1	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Buldana	...	...	...	...	2	...	1	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhulia	21	14	11	5	3	6	12	15	25	24	48	36	220	...	...	...	...	...	...	...	...	...	...	...	...	...
Yerrowda, Central	10	8	7	8	9	7	17	16	20	18	10	3	133	...	...	...	...	...	...	...	...	...	...	...	...	...
Bijapur	3	2	1	4	...	1	1	...	3	1	2	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Deccan Gang	4	12	15	8	9	3	10	6	3	24	16	10	120	...	1	...	...	...	...	...	...	...	...	2	...	3
Dharwar	6	2	2	...	4	1	...	1	1	6	2	1	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	97	68	65	42	54	56	124	149	148	146	141	88	1,178	...	1	...	...	...	...	...	...	...	...	2	...	3
Thana	7	3	7	2	8	3	4	9	11	27	9	8	98	...	...	...	...	1	...	...	...	...	1	...	...	2
Bombay, Common	12	14	17	16	12	10	28	27	17	18	31	20	222	...	...	...	1	...	...	...	...	...	...	1	...	2
,, House of Correction	2	6	1	4	5	8	15	8	5	7	1	1	63	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratnagiri	...	2	...	...	...	...	...	1	...	3	5	3	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwar	...	2	...	1	...	1	1	...	...	...	1	2	8	1	1	...	...	...	...	...	...	...	...	...	...	2
Mangalore	1	2	1	...	...	...	...	...	...	...	...	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore, Central	13	7	3	2	2	3	...	4	4	2	3	7	50	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	35	36	29	25	27	25	48	49	37	57	50	42	460	1	1	...	1	1	...	...	...	...	1	1	...	6

Jails, Groups and Administrations.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Bellary	6	6	10	7	15	17	8	30	17	15	17	32	180	...	...	...	...	...	...	...	...	...	...		...	...
Salem Central	3	3	3	2	3	2	...	3	2	2	6	4	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Coimbatore, Central	4	3	4	1	9	1	7	3	4	2	3	4	45	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Palamcottah	4	2	2	...	2	...	2	...	1	3	...	2	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Madura	6	...	5	3	2	4	7	17	11	5	3	2	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly, Central	7	5	13	6	4	8	10	8	7	6	6	7	87	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore	...	...	...	...	...	...	1	1	1	1	...	1	5	...	...	1	...	...	...	...	...	...	...	...	...	1
Cuddalore	1	1	2	3	1	2	1	1	2	2	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Vellore, Central	6	...	2	1	...	4	5	6	4	7	4	4	43	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras, Civil	...	...	1	...	1	...	...	1	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Penitentiary, Central	8	11	15	14	12	15	5	7	8	12	7	4	118	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore	...	2	1	1	3	...	...	...	...	1	...	2	10	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Rajamundry, Central	5	5	9	6	6	4	3	8	6	5	4	12	73	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizagapatam	3	1	...	1	4	...	...	1	...	1	...	2	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Berhampur	2	...	...	3	2	4	5	10	7	...	3	5	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XI.—Southern India	55	39	67	48	64	61	54	96	71	62	53	81	751	...	...	1	...	...	...	...	...	...	...	...	...	1
Shillong	...	...	1	3	5	...	...	1	...	1	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Darjeeling	12	11	5	3	3	3	5	3	1	4	3	4	57	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	...	...	3	...	...	...	...	3	1	2	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Simla	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Abbottabad	1	3	1	2	1	1	1	1	1	2	1	2	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	2	4	1	2	9	5	4	5	1	6	3	4	46	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara	...	...	1	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Russellkonda	1	...	...	...	...	...	...	...	...		...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	2
Group XII.—Hills	16	18	12	11	18	10	10	13	4	15	7	10	144	...	...	...	...	...	...	...	2	...	...	...	...	2
Extra India:— Aden	...	3	1	...	...	2	...	1	1	...	1	2	11	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA*	2,175	1,910	2,089	2,230	3,094	4,036	3,565	3,695	3,884	3,697	3,043	2,502	35,920	8	13	11	23	19	24	35	33	14	13	11	11	215
Andamans	922	821	935	901	1,701	2,743	2,154	1,696	1,331	1,132	1,018	1,041	16,395	4	3	5	10	9	16	21	20	9	3	5	8	113
Burma	47	50	46	41	71	85	69	45	47	33	45	27	606	1	2	1	3	3	1	2	2	...	2	2	1	20
Assam	7	5	13	17	28	17	24	21	26	24	9	8	199	...	...	...	...	...	...	4	3	3	2	...	...	12
Bengal	352	356	402	464	384	469	516	618	557	652	629	448	5,847	1	5	3	4	...	2	3	3	...	3	1	2	27
United Provinces	199	202	221	272	250	196	226	613	1,243	1,053	611	407	5,493	1	...	1	1	4	1	3	2	2	2	...	...	17
Punjab	388	253	243	352	434	320	295	346	347	407	374	255	4,014	...	...	...		...	3	1	...	...	...	...	...	4
N.-W. F. Province	39	38	16	34	51	38	30	34	36	63	65	57	501	...	...	...	4	...	...	1	...	...	...	...	...	5
Bombay	96	98	107	79	71	58	109	105	119	184	168	127	1,321	1	3	...	1	3	1	...	1	...	1	3	...	14
Central Provinces	52	28	28	16	28	37	80	111	96	73	61	36	646	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras	70	48	71	50	66	64	54	100	75	64	56	89	807	...	...	1	...	...	...	...	2	...	...	...	...	3

* Including Ajmer, Secunderabad, Quetta, and Mercara.

TABLE LI.

PNEUMONIA by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	16	5	7	3	12	4	13	6	6	10	11	13	106
Mergui	...	...	...	...	...	...	...	...	...	...	...	...	...
Tavoy	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein	1	...	...	...	...	...	...	...	...	...	...	...	1
Shwegyin	...	1	...	...	...	...	...	...	...	...	...	...	1
Toungoo	...	...	...	...	...	...	...	...	..	...	..	...	...
Rangoon, Central (Europeans)	...	...	...	...	...	...	1	...	...	...	...	...	1
Rangoon, Central (Natives)	1	1	...	1	...	...	1	1	...	1	...	...	6
Maubin	...	...	...	...	...	...	...	...	...	...	...	...	...
Myaungmyo	...	...	...	...	...	...	...	...	...	1	...	...	1
Bassein, Central	2	2	2	1	1	...	...	...	1	...	...	...	9
Insein, Central	...	...	...	...	...	...	...	...	...	...	1	...	1
Henzada	...	...	...	...	...	...	...	...	.	...	...	...	...
Myanaung	...	...	...	...	...	1	...	...	...	...	...	...	1
Sandoway	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu	...	...	...	...	...	...	...	...	...	...	...	...	...
Akyab	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	20	9	9	5	13	5	15	7	7	12	12	13	127
Paungdi	...	...	...	...	...	...	...	...	...	...	...	...	...
Prome	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo, Central	...	...	...	...	...	...	1	...	...	...	2	...	3
Magwe	...	...	...	...	...	...	...	...	...	...	...	...	...
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	...
Yamethin	...	...	...	...	...	...	...	...	...	...	...	1	1
Meiktila	1	...	...	...	...	...	...	...	...	...	...	...	1
Myingyan, Central	1	...	...	...	...	...	...	...	...	...	...	..	1
Mandalay, Central	...	...	...	...	...	1	...	...	...	...	...	...	1
Monywa	...	...	...	...	...	...	...	...	1	...	...	...	1
Shwebo	1	...	1	...	...	...	...	...	...	...	...	...	2
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
Katha	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	3	...	1	...	...	1	1	...	1	...	2	1	10
Cachar	...	...	1	...	...	...	...	...	...	...	...	1	2
Sibsagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Gauhati	1	...	1	...	...	...	1	1	...	...	...	...	4
Sylhet	...	..	1	...	...	1	...	1	1	...	...	...	4
GROUP III.—ASSAM	1	...	3	...	...	1	1	2	1	...	...	1	10
Mymensingh	...	1	...	1	1	1	...	1	...	...	...	...	5
Dacca, Central	...	1	...	...	1	2	...	1	...	1	...	...	6
Tippera	...	...	...	...	1	...	...	...	...	1	...	...	2
Chittagong	...	...	...	...	...	...	...	...	...	...	...	...	...
Noakhali	...	...	...	...	...	...	...	...	...	...	1	...	1
Backergunge	6	7	3	3	3	4	...	...	...	1	...	...	27
Khulna	...	...	...	...	...	...	...	...	...	...	...	...	...
Jessore	1	1	1	1	...	...	...	1	...	...	...	1	6
Baraset	...	...	...	...	...	...	...	...	...	1	...	...	1
Presidency, Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central, Natives	2	...	.	...	...	...	...	...	...	...	1	1	4
Alipore, Central	...	...	4	1	...	2	...	...	...	...	2	...	9
Hooghly	...	...	1	...	1	1	...	1	2	1	...	...	7
Burdwan	...	...	...	...	...	...	...	...	...	...	...	...	...
Krishnagar	...	...	...	1	...	1	...	...	...	...	...	...	2
Faridpur	1	...	.	..	...	...	...	...	...	..	...	...	1
Pabna	...	...	...	...	...	...	...	1	1	...	...	1	3
Murshidabad	...	1	...	1	...	...	...	...	...	...	...	...	2
Rajshahi, Central	...	...	...	1	...	...	1	...	1	...	1	2	6
Bogra	1	...	...	...	...	...	...	...		...	...	...	1
Malda	...	...	...	...	...	...	...	...	...	1	...	...	1
Dinajpur	...	...	1	1	1	...	...	...	...	...	...	...	3
Rangpur	...	...	1	...	...	...	...	...	...	...	...	2	3
Jalpaiguri	...	...	...	...	...	...	...	...	...	...	...	...	...
Purneah	...	...	1	...	...	...	...	1	...	1	...	...	3
Naya Dumka	...	...	...	...	...	...	...	...	1	...	...	...	1
Suri	...	1	...	...	...	...	...	...	1	...	...	...	2
Bankura	...	1	1	...	...	...	...	...	...	...	...	1	3
Midnapore, Central	...	1	1	...	2	2	...	1	...	...	1	1	9
Balasore	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack	2	1	3	...	...	2	...	...	...	...	1	...	9
Puri	...	...	...	1	...	...	...	...	...	...	2	...	3
Angul	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	13	15	17	11	10	15	1	7	6	7	9	9	120

TABLE LII.

DYSENTERY by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	140	80	141	143	148	169	201	195	332	273	245	203	2,270
Mergui	...	...	1	...	2	3	...	...	...	...	1	...	7
Tavoy	...	...	...	...	1	...	...	...	...	...	3	2	6
Moulmein	3	...	2	4	2	1	2	2	...	1	...	2	19
Shwegyin	...	...	1	1	...	2	1	1	...	...	2	1	9
Toungoo	1	...	...	1	1	..	2	1	1	1	1	...	9
Rangoon, Central (Europeans)	...	...	...	1	2	...	3	...	...	...	1	...	7
Rangoon, Central (Natives)	5	2	6	...	1	2	4	3	2	1	5	2	33
Maubin	...	...	1	...	...	...	2	...	1	...	...	1	5
Myaungmyo	2	2	1	2	1	19	6	3	5	2	2	2	47
Bassein, Central	1	1	...	...	1	3	...	3	2	...	1	...	12
Insein, Central	...	...	...	...	...	...	1	...	...	...	...	...	1
Henzada	...	...	...	1	...	...	...	...	...	...	...	...	1
Myanaung	...	...	...	...	...	...	...	...	...	...	1	1	2
Sandoway	...	...	...	...	...	...	1	...	1	...	..	1	3
Kyaukpyu	...	..	...	...	...	1	...	...	...	...	...	...	1
Akyab		...	...	...	...	1	...	...	1	...	1	...	3
GROUP I.—BURMA COAST AND BAY ISLANDS	152	85	153	153	159	201	223	208	345	278	263	215	2,435
Paungdi	2	...	2	...	...	1	2	...	...	...	...	...	7
Prome	1	1	1	4	...	...	3	1	1	...	...	1	13
Thayetmyo, Central	3	...	...	...	1	4	24	8	5	2	5	2	54
Magwe	...	...	...	...	...	...	...	...	...	...	4	...	4
Minbu	...	...	...	1	2	...	1	...	...	...	1	...	5
Yamethin	...	...	...	..	...	...	...	...	...	...	...	...	...
Meiktila	...	...	2	1	2	1	1	...	...	...	...	...	7
Myingyan, Central	2	5	5	3	6	3	22	17	...	6	3	...	72
Mandalay, Central	18	13	16	17	16	43	57	24	4	5	4	1	218
Monywa	...	1	...	...	...	...	...	...	...	...	...	...	1
Shwebo	...	...	...	...	...	1	...	...	1	...	...	...	2
Bhamo	...	...	...	1	...	1	...	...	2	1	...	...	5
Katha	...	...	...	...	1	4	1	2	...	...	...	...	8
GROUP II.—BURMA INLAND	26	20	26	27	28	58	111	52	13	14	17	4	396
Cachar	2	...	1	1	1	4	4	...	4	...	3	...	20
Sibsagar	...	...	...	...	...	1	4	2	1	...	1	2	11
Dibrugarh	1	3	1	2	3	2	1	2	1	1	...	1	18
Tezpur	2	...	...	2	3	9	8	...	1	1	...	1	27
Gauhati	1	4	3	4	2	6	4	18	22	26	22	7	119
Sylhet	2	4	2	6	14	8	6	7	10	7	2	3	71
GROUP III.—ASSAM	8	11	7	15	23	30	27	29	39	35	28	14	266
Mymensingh	17	16	57	31	17	4	18	19	14	27	12	17	249
Dacca, Central	28	12	19	32	23	29	24	32	13	17	9	8	246
Tippera	4	...	...	6	13	10	23	7	6	4	6	1	80
Chittagong	1	...	1	4	7	2	1	...	4	2	1	1	24
Noakhali	9	26	7	6	9	8	9	7	8	12	5	9	115
Backergunge	37	17	19	24	16	16	32	32	26	18	37	29	303
Khulna	...	...	...	...	...	...	1	1	2	4	2	2	12
Jessore	34	28	33	25	18	34	30	33	35	62	49	48	429
Baraset	7	3	8	3	2	4	2	13	18	11	10	4	85
Presidency, Central, Europeans	...	...	...	...	...	...	...	1	...	...	...	1	2
Presidency, Central, Natives	10	13	6	4	7	5	8	50	55	38	36	31	263
Alipore, Central	10	2	5	8	5	5	23	48	6	1	4	3	120
Hooghly	5	5	7	3	5	9	21	5	6	12	17	13	108
Burdwan	4	3	2	2	4	7	2	3	3	2	4	1	37
Krishnagar	1	5	9	8	6	12	16	20	12	6	2	5	102
Faridpur	6	1	7	4	11	4	5	5	3	6	7	4	63
Pabna	5	...	4	4	1	2	2	5	3	3	1	3	33
Murshidabad	2	10	5	5	1	4	4	1	1	1	2	1	37
Rajshahi, Central	2	1	6	11	9	30	16	11	11	5	8	2	112
Bogra	1	1	1	1	1	1	...	5	4	...	3	3	21
Malda	2	1	5	...	1	...	...	1	1	1	1	...	13
Dinajpur	11	5	12	3	6	8	4	24	14	9	3	3	102
Rangpur	5	3	20	22	9	6	15	7	15	19	20	28	169
Jalpaiguri	...	...	1	...	...	...	1	2	1	...	...	2	7
Purneah	1	3	1	4	...	8	8	10	3	...	...	2	40
Naya Dumka	...	1	...	...	3	8	4	3	1	...	...	...	20
Suri	...	...	...	...	...	1	4	4	1	1	5	3	19
Bankura	9	...	2	...	1	4	3	...	...	...	...	1	20
Midnapore, Central	20	6	10	9	2	18	28	22	18	13	29	24	199
Balasore	...	...	1	1	1	...	2	1	1	2	6	3	18
Cuttack	...	...	3	5	1	3	2	6	4	...	2	...	26
Puri	...	1	...	...	...	2	...	...	2	1	...	1	7
Angul	...	2	...	3	1	1	1	...	...	...	...	...	8
GROUP IV.—BENGAL AND ORISSA	231	165	251	228	180	245	309	378	291	277	281	253	3,089

* Jails where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratio see table XLII.

JAILS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Chaibassa	1	...	...	...	...	...	1	...	...	1	...	1	4	1	1	5	4	4	4	6	2	3	2	4	1	37
Purulia	...	1	...	...	1	...	...	1	...	...	...	...	3	...	...	1	2	...	1	5	...	1	2	1	2	15
Ranchi	1	4	...	1	...	...	...	...	...	...	...	...	6	...	...	6	10	1	1	...	2	6	...	1	1	28
Palamau	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	7	...	3	8	3	...	23
Hazaribagh, Central	...	...	...	...	3	5	2	1	1	...	...	...	12	2	4	28	21	21	20	22	17	13	22	24	24	218
B																										
Gaya	1	...	...	...	...	...	...	...	...	...	...	...	1	3	5	12	6	...	1	4	3	2	...	2	1	39
Bhagalpur, Central	1	2	1	...	...	1	...	...	...	...	1	...	6	8	11	35	21	12	20	16	24	29	22	14	12	224
Monghyr	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	4	4	2	4	4	8	4	3	5	1	44
Darbhanga	...	...	...	...	...	...	...	...	...	1	...	...	1	4	3	3	6	4	2	2	2	8	6	11	6	57
Champarun	...	...	...		...	...	...	...	...	...	...	...	...	2	...	3	1	4	...	2	5	...	2	...	...	19
Muzaffarpur	...	...	...	...		...	...	...	...	...	...	...	...	2	2	3	13	3	8	8	4	3	1	1	6	54
Patna	2	1	1	...	...	...	...	...	...	...	...	...	4	3	4	5	3	...	4	2	2	9	1	3	2	38
Arrah	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	1	1	4	5	2	3	4	3	32
Chapra	...	...	...	1	...	...	...	...	...	1	...	...	2	10	4	8	11	10	9	9	9	10	11	15	12	118
Buxar, Central	2	...	...	2	2	...	...	...	...	...	...	...	6	7	9	20	18	39	36	40	50	25	17	4	5	270
Korantadih	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Ghazipur	...	...	...	...	...	...	..	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	2	...	...	3
Azamgarh	1	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	2
Kassia	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	..	...	...	...	3
Gorakhpur	...	...	...	...	...	1	1	5	1	3	...	2	13	11	22	14	9	12	14	33	34	14	20	15	8	206
Basti	...	...	1	...	...	1	...	...	...	...	...	...	2	...	...	1	1	...	3	...	1	1	1	1	4	13
Fyzabad	1	...	1	1	...	...	...	...	...	...	...	...	3	...	...	...	2	3	...	...	1	4	1	...	1	12
Sultanpur	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	1	...	...	...	1	1	4
Rai Bareli	...	1	1	...	...	...	1	...	...	...	...	...	3	...	...	1	...	3	...	...	...	...	...	...	...	4
Partabgarh	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	1	...	1	3	7
Jaunpur	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...	6
Benares, Central	...	1	1	...	...	...	..	1	1	...	...	...	4	4	1	1	2	1	...	...	2	6	3	...	4	24
,, District	...	...	...	...	1	...	...	...	...	...	...	...	1	1	2	2	3	2	1	3	1	2	2	2	2	23
Mirzapur	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	3	2	3	...	2	3	2	18
Allahabad, Central	2	...	...	...	...	1	...	1	1	1	2	...	8	...	2	1	1	...	...	2	15	7	6	6	1	41
,, District	2	1	1	...	...	...	...	...	...	2	2	2	10	1	1	1	...	1	...	...	...	2	1	2	...	9
Karwi	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	..	...	...	...
Banda	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	2	1	2	3	...	10
Fatehpur	1	2	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	1	...	2
Hamirpur	...	1	...	...	...	...	...	...	...	..	...	1	2	...	...	...	...	...	...	...	1	...	1	...	...	2
Orai	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	..	2	2	...	...	1	4	1	13
Cawnpore	2	...	1	...	1	1	...	...	...	...	...	...	5	2	...	1	1	...	1	1	3	2	...	...	...	11
Unao	...	...	...	...	...	...	...	...	...	1	2	...	3	...	..	...	1	...	1	...	4	...	...	2	...	8
Lucknow, Central	3	1	...	...	...	1	1	...	...	...	2	2	10	1	1	1	1	...	...	2	3	...	2	2	...	13
,, District	4	...	...	2	...	...	1	...	...	...	...	1	8	1	...	1	...	...	...	...	...	1	2	...	...	5
Barabanki	...	...	...	...	...	...	1	...	...	...	1	...	2	...	..	2	1	...	...	...	2	4	2	...	...	11
Gonda	...	1	1	...	...	...	...	...	...	...	...	3	5	1	...	...	2	3	...	1	3	1	1	...	1	13
Bahraich	...	...	...	2	...	...	...	...	...	...		...	2	...	...	...	1	...	...	...	3	1	...	1	...	6
Kheri	...	...	...	...	1	...	...	...	...	...	2	...	3	1	...	...	1	1	...	...	...	...	...	1	...	4
Sitapur	...	...	...	...	...	...	1	1	...	...	...	2	4	...	...	...	...	...	...	3	5	1	1	...	...	10
Hardoi	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	1	...	1	1	1	6
Etawah	1	...	1	2	...	1	2	1	...	...	...	1	9	...	...	1	...	4	2	2	5	3	2	1	7	27
Mainpuri	1	1	2	...	1	...	...	1	...	...	...	...	6	1	...	...	2	3	3	1	3	8	8	3	2	34
Etah	...	...	...	...	1	...	1	...	1	...	1	...	4	...	...	1	...	...	2	...	3	3	3	2	...	14
Fatehgarh, Central	...	5	...	...	...	...	...	...	...	...	...	1	6	3	1	4	5	9	2	3	14	13	6	6	7	73
,, District	...	1	...	...	1	...	...	1	...	...	...	...	3	2	...	...	2	...	...	...	...	1	1	...	5	11
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	26	24	14	11	12	12	12	13	6	10	15	17	172	83	77	174	160	148	147	188	246	195	171	150	126	1,865
A																										
Shahjahanpur	...	2	...	...	...	...	...	...	...	...	1	1	4	..	...	2	...	1	2	3	3	4	2	2	2	21
Philibit	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1
Bareilly, Central	...	...	1	...	1	...	...	...	...	...	...	...	2	1	...	...	1	1	1	...	3	3	3	1	2	16
,, District	1	1	1	2	...	1	...	1	2	...	...	5	14	2	2	2	3	4	3	4	4	7	17	13	11	72
Budaon	6	2	...	...	...	1	...	...	...	...	...	...	9	2	...	...	...	...	...	...	...	...	...	...	3	5
Aligarh	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	...	...	...	...	...	1	...	3	2	7
Bulandshahr	1	1	...	...	...	...	...	...	...	1	...	...	3	1	...	...	...	1	1	2	2	...	2	2	...	11
Moradabad	...	...	...		...	1	...	...	...	1	1	...	3	3	3	...	...	...	...	...	...	1	1	7	3	18
Bijnor	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Dehra Dun	...	...	...	.	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Saharanpur	...	...	...	...	1	1	1	2	...	...	...	1	6	7	...	...	2	2	4	...	2	2	7	6	6	38
Muzaffarnagar	...	2	...	...	1	...	...	...	...	...	4	4	11	...	...	...	1	1	...	3	1	...	1	2	...	9
Meerut	3	...	...	1	...	...	...	...	...	...	3	1	8	7	3	3	...	...	1	...	...	4	6	8	5	37
Delhi	3	...	1	3	...	...	1	...	...	...	7	...	15	...	...	1	...	1	...	1	6	2	...	...	4	15
Rohtak	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	1	...	...	1	2	...	...	5
Hissar	...	1	...	...	...	1	...	...	...	...	...	...	2	...	...	...	2	1	...	...	...	1	1	...	...	5
Karnal	...	...	...	...	3	...	1	...	...	...	...	...	4	...	1	...	...	...	...	...	...	1	1	1	...	4
Umballa	...	...	...	...	...	1	1	2	1	4	3	...	12	2	3	2	...	...	6	2	5	4	3	2	3	32
B																										
Ludhiana	3	1	...	...	1	...	...	...	...	1	...	...	6	...	...	...	...	...	...	...	1	...	...	1	...	2
Hoshiarpur	...	...	...	2	1	...	...	...	...	...	...	...	3	...	...	...	...	...	1	...	...	1	...	...	...	2
Jullundur	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	.	...	1	2	1	1	7
Ferozepore	...	...	...	...	...	2	...	...	...	...	1	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	3	...	1	...	6	...	3	3	20
Lahore, Central	3	18	4	4	3	1	...	...	...	...	4	4	41	19	8	13	8	11	20	10	8	15	16	7	7	142
,, District	8	4	2	...	...	1	...	...	...	...	2	...	17	9	1	1	2	7	5	4	10	8	7	1	8	63
,, Female	1	1	...	...	...	...	...	...	...	...	...	...	2	1	..	...	...	...	1	1	4	2	2	1	3	15
Gurdaspur	...	1	...	...	...	...	...	...	...	...	2	...	3	...	...	3	2	1	3	...	1	1	3	2	2	18
Guiranwala	1	3	1	1	1	2	...	...	...	...	...	...	9	1	...	2	2	...	...	...	...	...	...	...	...	5
Sialkot	1	...	...	...	1	...	...	...	...	...	...	1	3	6	2	...	...	2	1	1	4	4	2	3	...	25
Gujrat	...	1	1	...	...	...	...	...	...	...	...	1	3	...	2	...	1	1	...	2	...	...	...	...	...	6
Jhelum	1	...	...	...	...	...	...	...	...	...	...	1	2	...	...	1	1	...	...	...	1	1	1	2	...	7
Rawalpindi	...	...	...	...	...	1	...	...	1	3	...	7	12	...	1	2	1	1	...	1	...	...	2	...	...	8
GROUP VI.—UPPER SUB-HIMALAYA	32	38	11	13	13	13	4	5	4	12	29	31	205	67	26	32	27	39	50	36	55	71	82	68	65	618

TABLE LI—*concluded.*

PNEUMONIA by months, Jails, Groups, and administrations.

Jails and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Peshawar	...	...	...	1	...	...	...	...	...	...	...	..	1
Kohat	2	...	...	...	...	...	...	...	...	...	...	...	2
Bannu	...	2	7	5	3	...	...	...	...	...	...	...	17
Shahpur	...	...	...	...	...	...	...	...	...	...	...	...	..
Mianwali	3	1	2	...	...	...	...	...	...	...	...	...	6
Lyallpur	...	...	...	...	1	...	...	...	...	...	...	...	1
Jhang	1	2	...	...	...	...	...	...	...	1	1	1	6
Montgomery, Central	2	...	1	...	...	1	1	2	3	1	1	...	12
Mooltan, Central	9	8	4	3	7	4	...	7	...	4	7	1	54
,, District	5	4	3	...	2	1	1	2	3	5	...	2	28
Dera Ismail Khan	2	1	...	...	...	...	...	...	...	1	...	...	4
Dera Ghazi Khan	1	...	1	...	1	...	...	...	...	...	...	...	3
C													
Shikarpur	2	3	...	...	...	...	1	1	...	5	5	2	19
Sind Gang	3	...	...	...	...	...	...	...	...	1	2	10	16
Hyderabad, Central	12	1	...	1	...	1	...	...	...	...	...	3	18
Kurrachee	1	...	...	...	...	...	...	...	...	...	...	...	1
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	43	22	18	10	14	7	3	12	6	18	16	19	188
A													
Rajkot	...	1	...	...	...	...	1	...	...	...	...	...	2
Ahmedabad, Central	3	5	2	2	...	...	...	1	2	1	4	2	22
B													
Ajmer	1	...	1	...	...	...	...	...	...	...	...	...	2
Muttra	1	1	1	...	...	...	...	...	...	1	2	1	7
Agra, Central	3	5	4	3	3	5	1	4	7	3	3	6	47
,, District	...	...	1	...	1	...	1	...	...	1	1	...	5
Jhansi	...	...	1	...	...	...	...	...	...	...	1	1	3
Lalitpur	...	...	...	...	...	...	...	1	...	...	...	...	1
Group VIII.—S.-E. Rajputana, Central India and Gujarat	8	12	10	5	4	5	3	6	9	6	11	10	89
A													
Damoh	...	1	...	1	...	...	...	...	...	...	...	...	2
Saugor	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore, Central	...	...	1	...	1	...	1	...	...	...	1	...	4
Narsinghpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandla	...	...	...	1	...	...	...	...	1	...	...	...	2
Bilaspur	...	...	...	...	...	...		...	...	1	...	...	1
Sambalpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Raipur, Central	1	...	...	...	...	...	...	...	...	...	...	1	2
Balaghat	...	...	...	...	...	...	...	...	...	...	...	1	1
Seoni	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshangabad	...	1	...	...	...	...	...	1	...	1	...	...	3
Nimar	...	...	...	...	...	...	1	...	...	1	...	...	2
Betul	...	...	...	...	...	1	...	1	...	...	...	...	2
Nagpur, Central	1	...	...	...	...	...	...	...	1	1	...	...	3
Wardha	1	...	...	...	...	...	...	...	...	...	...	...	1
Chanda	...	...	...	...	...	...	...	1	...	...	...	...	1
B													
Secunderabad	...	...	...	...	...	...	...	...	...	...	...	1	1
Yeotmahl	...	...	...	...	...	...	...	...	...	...	...	...	...
Amraoti, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Akola, Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Basim	...	...	...	...	...	...	...	1	...	...	...	...	1
Dhulia	1	3	...	1	...	...	...	1	...	...	...	...	6
Yerrowda, Central	2	2	...	...	...	1	...	...	1	1	...	...	7
Bijapur	...	2	...	...	...	...	...	...	...	...	...	...	2
Deccan Gang	1	1	1	...	...	...	...	...	...	2	...	1	6
Dharwar	2	...	2	...	1	...	...	1	...	...	...	...	6
Group IX.—Deccan	9	10	4	3	2	2	2	6	3	7	1	4	53
Thana	...	...	1	...	...	1	...	...	1	...	...	1	4
Bombay, Commo	1	...	1	1	...	...	1	1	1	...	...	...	6
,, House of Correction	...	...	...	...	...	...	...	...	...	2	...	...	2
Ratnagiri	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwar	...	...	...	...	...	...	...	1	...	...	...	...	1
Mangalore	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore, Central	...	...	1	1	2	3	...	...	1	...	...	...	8
Group X.—Western Coast	1	...	3	2	2	4	1	2	3	2	...	1	21

TABLE LII—*concluded.*

DYSENTERY by months, Jails, Groups, and administrations.

Jails and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Peshawar	1	3	2	4	5	3	1	5	2	7	2	3	38
Kohat	...	..	...	...	...	...	...	...	...	...	...	...	...
Bannu	2	...	1	2	2	1	2	1	1	...	1	...	13
Shahpur	...	7	6	8	1	1	1	...	...	1	...	...	25
Mianwali	1	1	...	5	4	...	1	1	...	1	4	...	18
Lyallpur	2	...	...	3	2	1	2	1	...	2	2	3	18
Jhang	1	...	..	1	...	...	1	3	2	...	2	...	10
Montgomery, Central	1	...	...	1	...	1	1	1	...	2	1	1	9
Mooltan, Central	3	9	9	3	2	1	1	5	7	7	5	3	55
,, District	2	2	...	3	5	2	2	1	3	6	7	6	39
Dera Ismail Khan	5	1	4	7	6	10	7	5	4	2	1	3	55
Dera Ghazi Khan	1	2	2	...	...	...	3	...	3	...	2	2	15
C													
Shikarpur	1	4	3	6	4	3	3	1	...	1	2	2	30
Sind Gang	..	...	...	...	...	...	...	...	1	...	1	...	2
Hyderabad, Central	4	1	2	5	1	1	6	10	6	6	3	4	49
Kurrachee	...	3	1	3	1	...	1	2	1	2	1	1	16
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	24	33	30	51	33	24	32	36	30	37	34	28	392
A													
Rajkot	...	...	...	...	...	...	...	...	...	...	1	...	1
Ahmedabad, Central	4	6	1	3	1	2	2	3	3	3	6	4	38
B													
Ajmer	...	1	...	...	...	...	...	...	...	1	...	2	4
Muttra	...	1	...	1	...	...	...	...	...	1	...	...	3
Agra, Central	1	...	2	1	4	3	6	10	5	5	...	2	39
,, District	1	...	...	...	...	...	...	1	6	1	1	2	12
Jhansi	...	1	2	...	...	1	2	...	...	1	...	1	8
Lalitpur	...	...	...	...	...	1	..	...	...	...	...	...	1
Group VIII.—S.-E. Rajputana, Central India and Gujarat	6	9	5	5	5	7	10	14	14	12	8	11	105
A													
Damoh	...	...	...	...	...	...	...	...	1	...	...	...	1
Saugor	...	...	3	5	...	5	2	1	...	...	2	...	18
Jubbulpore, Central	...	...	...	1	..	...	...	...	...	...	...	...	1
Narsinghpur	...	1	1	1	...	...	...	...	...	...	...	...	3
Mandla	...	...	...	...	1	1	...	...	...	...	...	1	3
Bilaspur	...	...	...	1	...	...	1	...	...		...	...	2
Sambalpur	...	1	...	1	...	...	1	1	1	1	...	1	7
Raipur, Central	1	...	2	1	...	1	1	5	3	6	2	3	25
Balaghat	...	...	..	...	...	...	1	1	...	...	...	...	2
Seoni	...	...	...	1	...	...	1	...	...	...	...	...	2
Hoshangabad	...	3	2	1	...	3	6	1	8	5	1	1	31
Nimar	2	...	1	...	1	...	1	...	...	2	...	1	8
Betul	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur, Central	...	...	...	...	1	3	13	15	3	2	...	1	38
Wardha	...	...	...	...	...	...	...	1	...	..	...	...	1
Chanda	...	...	...	...	...	...	...	1	...	...	...	...	1
B													
Secunderabad	...	...	...	...	...	1	...	...	...	1	1	1	4
Yeotmahl	...	...	...	...	...	...	...	...	1	1	...	...	2
Amraoti, Central	...	...	...	...	...	...	3	1	...	...	...	...	4
Akola, Central	...	...	...	...	...	...	4	2	...	...	...	...	6
Basim	1	...	...	...	...	...	...	...	...	1	...	1	3
Dhulia	1	3	...	1	1	3	7	8	3	3	3	1	34
Yerrowda, Central	1	1	2	...	4	9	5	13	12	...	...	2	49
Bijapur	1	2	1	...	1	1	2	1	3	3	1	...	16
Deccan Gang	2	2	...	...	...	...	5	6	2	1	2	2	22
Dharwar	4	3	2		4	6	9	4	2	1	1	3	39
Group IX.—Deccan	13	16	14	13	13	33	62	61	39	27	13	18	322
Thana	1	...	2	3	...	...	9	5	2	2	1	2	27
Bombay, Commo	...	...	..	...	...	...	...	...	...	...	...	...	...
,, House of Correction	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratnagiri	...	...	1	...	2	4	3	2	3	1	2	...	18
Karwar	..	...	...	...	...	...	4	12	1	...	1	...	18
Mangalore	...	...	...	...	..	...	2	...	...	...	...	2	4
Cannanore, Central	...	1	1	1	...	1	3	2	3	...	5	2	19
Group X.—Western Coast	1	1	4	4	2	5	21	21	9	3	9	6	86

JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Bellary	1	1	...	...	...	...	...	...	...	3	...	...	5	...	..	...	...	...	2	2	1	...	...	...	1	6
Salem, Central	1	1	...	...	1	2	...	...	...	...	...	...	5	2	...	...	...	1	1	3	2	1	...	...	1	11
Coimbatore, Central	...	1	1	1	...	3	4	2	..	1	...	...	13	3	...	4	4	6	11	11	1	2	3	3	3	51
B																										
Palamcottah	...	...	2	...	...	...	...	...	...	...	...	...	2	2	1	1	...	...	1	1	...	...	2	7	5	20
Madura	1	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	1	1	..	...	...	1	...	2	...	8
Trichinopoly, Central	...	...	...	...	...	1	...	...	1	...	...	1	3	3	1	2	4	3	...	3	3	5	8	6	9	47
Tanjore	...	...	...	...	1	...	1	...	...	...	...	...	2	1	...	...	...	4	5	1	4	1	...	2	...	18
Cuddalore	...	..	...	...	...	...	...	...	...	...	..	...	..	1	1	...	...	2	...	1	5	1	2	3	3	19
Vellore, Central	...	2	...	...	2	...	...	2	1	3	2	2	14	2	...	1	...	1	6	2	1	2	2	9	4	30
Madras, Civil	...	...	...	...	...	...	...	...	...	...		...	...	...	...	1	1	...	...	...	...	...	...	...	...	2
Madras Penitentiary, Central	...	...	...	1	1	...	...	1	2	1	...	...	6	16	14	12	5	8	6	5	8	4	3	5	5	91
Nellore	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	3
C																										
Rajamundry, Central	...	...	...	...	...	..	...	...	2	...	...	...	2	3	1	..	1	...	4	5	5	9	15	3	9	55
Vizagapatam	...	..	...	...	...	...	2	1	...	...	1	1	5	...	...	...	...	3	6	2	4	...	2	1	4	22
Berhampur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	5	2	2	...	...	12
GROUP XI.—SOUTHERN INDIA	3	5	3	2	5	6	7	6	6	9	3	4	59	36	19	22	19	29	42	37	39	28	39	41	44	395
Shillong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	1	...	...	...	...	4
Darjeeling	3	1	1	1	1	...	1	1	...	...	...	...	9	...	..	...	...	3	2	5	3	2	2	1	...	18
Almora	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	4
Abbottabad	...	...	1	...	1	...	...	...	...	...	...	...	2	...	...	...	1	...	...	1	...	...	1	1	...	4
Quetta	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	2	...	...	1	9
Mercara	...	...	1	...	...	1	...	1	...	...	...	...	3	...	...	...	...	..	...	...	...	1	...	...	...	1
Russellkonda	...	...	...	...	...	1	...	...	...	...	1	...	2	...	...	2	...	...	...	2	...	...	...	...	1	5
GROUP XII.—HILLS	3	1	3	1	2	2	1	2	...	...	1	...	16	...	...	3	2	4	2	12	8	6	4	2	2	45
EXTRA INDIA.—ADEN	1	...	...	...	...	...	...		...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	2
INDIA*	163	136	96	63	77	73	51	68	52	83	99	110	1,071	648	462	721	704	663	844	1,069	1,147	1,080	979	914	786	10,017
ANDAMANS	16	5	7	3	12	4	13	6	6	10	11	13	106	140	80	141	143	148	169	201	195	332	273	245	203	2,270
BURMA	7	4	3	2	1	2	3	1	2	2	3	1	31	38	25	38	37	39	90	133	65	26	19	35	16	561
ASSAM	1	...	3	...	...	1	1	2	1	...	...	1	10	8	11	8	16	24	30	27	30	39	35	28	14	270
BENGAL	24	24	20	16	17	21	5	10	7	10	10	10	174	275	211	389	352	285	359	445	514	411	379	374	329	4,323
UNITED PROVINCES	33	30	21	13	13	15	12	19	14	15	31	38	254	65	41	47	45	60	52	78	141	112	120	103	89	953
PUNJAB	42	45	20	13	21	15	5	13	8	20	28	21	251	54	39	42	44	43	44	35	52	63	61	47	46	570
N.-W. F. PROVINCE	4	3	8	6	4	...	...	...	...	1	...	...	26	8	4	7	14	13	14	11	11	7	10	5	6	110
BOMBAY	29	18	7	5	1	3	3	6	5	12	11	19	119	20	25	15	21	19	29	57	67	39	23	25	21	361
CENTRAL PROVINCES	3	2	1	2	1	1	2	4	2	4	1	2	25	4	5	9	12	3	13	34	29	17	18	5	9	158
MADRAS	3	5	4	3	7	10	7	6	7	9	4	4	69	36	20	25	20	29	43	44	41	31	39	46	49	423

* Including Ajmer, Secunderabad, Quetta, and Mercara.

TABLE LIII.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA. Present . 124,055 Enrolled . 142,323			JAIL POPULATION OF INDIA. 104,325.	
	MEN, 70,613.				WOMEN, 3,226.		CHILDREN, 4,964.						
	Admissions.	Constantly sick.	Deaths.	Invalidings.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalidings.	Admissions.	Deaths.
Small-pox	49	5·42	4	1	7	1	7	...	56	3	...	25	4
Cow-pox	17	·36	...	...	...	...	1	...	17	...	...	24	...
Chicken-pox	10	·42	...	...	5	...	27	...	188	...	..	274	...
Measles	24	1·35	...	...	5	...	79	1	136	1	...	9	...
Rubella	9	·51	...	...	1	...	4	...	...	...	...	8	...
Scarlet fever	6	·64	...	...	...	...	2	...	...	...	...	...	...
Plague	2	·54	...	...	...	...	...	...	184	111	1	37	24
Relapsing fever	...	...	...	...	...	...	...	...	4	...	...	...	...
Dengue	439	11·99	1	...	18	...	24	...	42	...	...	...	...
Influenza	349	12·35	...	...	14	1	9	...	202	3	...	425	18
Whooping cough	...	...	...	...	2	...	40	2	1	...	...	...	...
Mumps	4	·16	...	...	...	...	7	...	883	1	..	676	...
Diphtheria	...	...	...	...	...	...	5	2	1	...	...	...	...
Cerebrospinal fever	...	...	...	...	...	...	...	...	6	4	...	23	18
Simple continued fever	1,684	70·40	...	1	24	...	55	...	829	...	...	735	...
Enteric fever	1,384	256·20	265	93	28	3	32	2	68	16	...	55	14
Mediterranean fever	6	1·46	3	4	...	...	...	...	5	1	1	...	...
Cholera	16	·74	11	...	...	...	...	...	23	20	...	40	24
Choleraic diarrhœa	...	...	...	...	...	...	1	1	1	...	...	7	7
Epidemic diarrhœa	...	...	...	...	...	...	...	...	...	...	...	6	1
Dysentery	873	74·09	29	85	14	...	49	7	3,540	24	12	10,017	374
Beri-beri	27	2·74	1	17	...	...	...	...	49	5	7	6	1
Ague	11,868	455·84	16	247	245	...	357	3	22.201	42	75	35,920	94
Remittent fever	244	22·65	7	12	7	2	3	...	849	76	...	215	44
Sloughing phagedæna	...	...	...	...	...	...	...	...	...	...	...	1	1
Hospital Gangrene	...	...	...	...	...	...	...	...	1	1	...	1	1
Erysipelas	28	1·47	1	1	3	...	1	...	31	1	1	94	17
Pyæmia	2	·34	2	...	...	...	...	...	3	3	...	10	8
„ puerperal	...	...	...	...	...	...	...	...	...	...	...	1	...
Septicæmia	5	·10	3	...	...	...	...	...	5	5	...	11	11
„ puerperal	...	...	.	...	2	2	...	...	...	...	...	3	1
Tetanus	...	...	...	...	...	...	...	...	7	6	...	6	3
Tubercle, not defined	...	...	...	...	...	...	...	...	2	...	1	...	...
Tubercle, general	...	...	...	...	...	...	...	...	...	...	...	5	5
„ of meninges	...	...	...	...	...	...	...	...	1	1	...	1	1
„ of the brain and its membrance	2	·09	2	...	...	...	3	3	...	...	...	...	...
„ of the larynx	...	...	...	...	...	...	...	...	...	...	...	1	...
„ of the lungs	201	52·39	27	223	7	4	5	...	470	56	328	926	371
„ of lung and larynx	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the lungs and general	...	...	...	...	...	...	...	...	...	...	...	2	2
„ of the lungs and intestines	...	...	...	...	...	...	...	...	...	...	...	6	4
„ of the lungs, intestines and peritonæum	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the lungs and kidney	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the pleura	...	...	...	...	...	...	...	...	...	...	1	...	...
„ of the intestines	...	...	...	...	...	...	...	...	2	2	...	14	11
„ of abdomen and peritonæum	...	...	...	...	...	...	...	...	3	...	...	...	...
„ of the peritonæum	...	...	...	...	...	...	1	...	1	1	...	3	3
Tubercle of the mesenteric glands	...	...	...	...	...	...	4	2	...	...	...	2	2
Tubercle of the lymph-glands and intestines	...	...	...	...	...	...	...	...	...	...	...	1	1
Tubercle of the lymph-glands	3	·58	...	1	...	...	3	1	29	1	10	32	4
„ of prostate	1	·05	...	1	...	...	...	...	...	...	...	...	...
„ of the abdomen	...	...	...	...	...	...	...	...	1	1	...	...	...
„ of the testicles	3	·27	...	1	...	...	...	...	1	...	...	...	...
„ of joints	2	·28	...	4	...	...	1	...	2	...	6	1	...
„ of the spine	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of the skin	...	...	...	...	...	...	...	...	1	...	...	...	...
Leprosy	...	...	...	...	...	...	...	...	16	...	16	138	19
Yaws	...	...	...	...	...	...	...	...	2	...	...	...	...
Syphilis	3,485	383·47	15	175	3	...	...	...	1,033	4	91	1,408	12
„ Inherited	...	...	...	...	...	...	3	1	...	...	...	...	...
Gonorrhœa	6,770	535·32	...	24	...	...	1	...	897	2	14	393	...
Hydrophobia	2	·02	2	...	...	...	...	...	1	...	...	1	1
Anthrax	...	...	...	...	...	..	...	...	3	...	...	...	...
Actinomycosis	1	·08	...	...	...	...	...	...	...	...	...	...	...
Bilharzia hæmatobia	63	13·76	...	71	...	...	...	...	...	...	...	...	...
Bothriocephalus latus	2	·05	...	...	...	...	2	...	1	...	...	4	...
Tænia solium	144	4·33	...	...	5	...	8	...	18	...	...	56	...
„ mediocanellata	8	·11	...	...	1	...	...	...	3	...	...	7	...
„ elliptica	...	...	...	...	...	...	...	...	3	...	...	...	...
Tape worm not defined	..	...	...	...	...	...	...	...	...	...	...	3	...
Ascaris lumbricoides	2	·16	...	...	...	...	8	...	27	...	...	36	...
„ Mystax	..	...	...	...	...	...	...	...	...	...	...	1	...
Trichocephalus dispar	...	...	...	...	...	...	...	...	7	...	...	...	...
Guinea-worm	2	·09	..	...	...	...	...	...	748	1	9	459	1
Filaria sanguinis hominis	1	·06	...	1	...	...	...	...	...	...	...	...	...
Strongylus duodenalis	...	...	...	...	...	...	...	...	...	...	...	26	2
Kala azar	...	...	...	...	...	...	...	...	...	...	...	1	...
Thread-worm	4	·11	...	...	...	...	3	...	2	...	...	3	...
Ostrus homonis	...	...	...	...	...	...	...	...	3	...	...	...	...
Musca domestica	2	·05	...	...	...	...	...	...	...	...	...	...	...
Pediculus vestimenti	4	·13	...	...	...	...	...	...	...	...	...	...	...
Phthirius inguinalis	33	·58	...	...	...	...	1	...	...	...	...	1	...
Pulex irritans	1	·01	...	...	...	...	...	...	2	...	...	...	...
Culex anxifer	8	·34	...	...	...	...	...	...	1	...	...	...	...
Simulium reptans	2	·19	...	...	...	...	...	...	...	...	...	...	...
Scabies	396	18·63	...	...	3	...	13	...	1,342	...	4	793	...
Mycetoma	8	·49	...	...	...	...	...	...	2	...	...	4	...
Tinea favosa	...	...	...	...	...	...	...	...	...	...	...	14	...
Ringworm	292	11·54	...	...	1	...	3	...	251	...	...	125	...
Tinea versicolor	3	·07	..	...	...	...	...	...	1	...	...	1	...
Oidium albicans	...	...	...	...	...	...	...	...	...	...	...	2	...
Scurvy	1	·04	...	...	...	...	...	...	407	2	15	88	3
Alcoholism	217	9·50	5	1	2	...	...	...	8	2	...	2	...
Delirium tremens	2	·03	2	...	...	...	...	...	...	...	...	...	...
Rheumatic fever	37	5·39	1	5	1	...	1	...	25	1	...	13	3
Rheumatism	914	62·98	...	38	29	...	5	...	1,523	2	138	954	2

Diseases.	EUROPEAN ARMY OF INDIA.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Gout	9	·24	...	...	...	...	...	...	5	...	1	5	..
Osteoarthritis	1	·05	...	1	...	...	...	...	7	...	3	1	...
Cyst	27	1·05	...	...	1	...	...	...	34	...	...	13	...
Cystic degeneratton of kindney	...	...	...	...	...	...	...	...	...	...	...	1	1
Non-malignant new growth, not defined	3	·19	...	...	...	...	1	...	15	2	1	22	...
Gastric tumour	...	...	...	...	...	...	...	...	...	...	...	1	1
Pterygium	15	1·02	..	...	...	...	...	...	25	...	2	5	...
Lipoma	8	·44	...	1	...	...	...	...	3	...	...	8	...
Fibroma	14	1·02	...	2	1	...	...	...	5	...	...	9	...
Chondroma	3	·14	...	1	...	...	...	...	1	...	...	...	...
Osteoma	3	·20	...	1	...	...	...	...	1	...	...	...	...
Myxoma	4	·18	...	...	...	...	...	...	1	...	...	...	...
Mucous polypus	..	...	...	...	...	...	...	...	2	...	...	4	...
Glioma	...	...	...	...	...	...	...	...	...	...	...	1	1
Myoma	...	...	...	...	...	...	...	...	1	...	...	...	...
Angioma	3	·07	...	...	...	...	...	...	...	...	...	...	...
Lymphadenoma	...	...	..	...	...	..	...	...	1	1	...	...	...
Papilloma	6	·48	...	...	...	...	...	...	13	...	...	...	...
Wart	264	17·31	...	...	1	...	...	...	2	...	...	5	...
Condyloma	...	...	...	...	...	...	...	...	...	...	...	12	...
Adenoma	2	·10	...	...	...	...	...	...	2	...	...	2	1
Malignant new growth, not defined	...	...	...	...	...	...	...	...	3	...	1	1	...
Sarcoma	4	·43	4	...	...	...	...	...	4	...	2	2	1
Carcinoma	1	·06	1	...	1	...	...	...	...	...	..	11	9
„ scirrhus	...	...	...	...	...	...	..	...	2	...	...	...	...
Epithelioma	1	·08	1	...	...	...	...	...	...	...	...	4	1
Rickets	...	...	...	...	...	...	3	...	...	...	...	...	...
Myxœdema	...	...	...	...	...	...	1	1	1	...	...	...	...
Anæmia	70	4·11	...	3	15	2	8	...	385	7	6	564	20
Chlorosis	...	...	...	...	1	...	...	...	...	...	...	1	...
Idiopathic anæmia	1	·06	2	...	...	...	...	...	3	3	...	3	2
Purpura	...	...	...	...	1	...	...	...	3	...	1	2	1
Leucocythæmia	...	...	...	...	...	...	1	1	...	...	1	1	1
Hodgkin's disease	...	...	...	...	...	...	...	...	1	...	1	...	1
Diabetes mellitus	3	·55	2	3	1	...	...	...	15	7	5	19	4
„ insipidus	5	·54	...	1	...	...		...	...	...	...	6	...
Immaturity at birth	...	...	...	...	...	...	16	15	...	...	...	3	...
Congenital malformation, not defined	...	...	...	...	...	...	...	...	1	...	...	...	...
Fissure of palate	...	...	...	...	...	...	2	1	...	...	...	...	...
Double hare lip	...	...	...	...	...	...	...	...	...	...	...	1	...
Fissure of the spinal column	...	...	...	...	...	...	2	1	...	...	...	...	...
Rectum absent	...	...	...	...	...	...	1	...	...	...	...	...	..
Congenital phimosis	19	1·27	...	...	...	...	12	...	...	...	...	...	...
Malformation of testicle	1	·04	...	...	...	...	...	...	...	...	...	...	...
Testicle diminutive	...	·06	...	...	...	...	...	...	...	...	...	...	...
Malformation of toe	2	·03	...	...	...	...	...	...	...	...	...	...	...
Debility	1333	93·60	1	189	905	1	193	5	1,223	6	316	431	8
Old age	...	...	...	...	...	...	...	...	2	...	3	122	9
Neuritis	19	2·14	...	4	...	...	...	...	46	...	3	9	...
Multiple neuritis	38	3·74	...	5	4	1	...	...	11	...	1	6	...
Degeneration of nerves	1	·01	...	1	...	...	...	...	1	...	1	...	...
Leptomeningitis (spinal)	...	...	...	...	...	...	..	...	1	1	...	...	...
Myelitis	1	·14	...	1	...	...	...	...	8	...	4	2	1
Anterior poliomyelitis	1	·07	...	1	...	...	...	...	...	...	...	1	...
Hæmatomyelia	...	...	...	...	...	...	...	...	1	...	1	...	...
Primary lateral sclerosis	...	...	...	...	...	...	...	...	2	...	1	6	...
Posterior sclerosis	4	1·03	...	3	..	...	...	...	8	...	2	3	...
Postero-lateral sclerosis	...	·18	...	1	...	...	...	...	1	...	1	...	...
Disseminated „	1	·37	...	2	...	...	...	...	...	...	...	...	...
Acute ascending paralysis	...	...	...	...	...	...	...	...	...	...	..	1	1
Cerebral meningitis	4	·14	2	1	2	...	6	3	10	10	...	11	9
Pachymeningitis	5	·32	3	...	..	...	2	2	...	...	...	1	1
Leptomeningitis	3	·02	3	...	...	...	1	1	...	...	...	...	...
Hæmorrhage into the membranes of the brain	...	...	...	...	...	...	1	1	...	...	...	1	2
External hydrocephalus	...	...	...	...	...	...	...	1	...	...	...	...	...
Encephalitis	...	...	...	...	...	...	...	...	1	...	...	...	...
Abscess of the brain	...	...	...	...	...	...	...	...	1	1	...	5	5
Sclerosis „ „	1	·26	...	1	...	...	...	...	1	...	1	2	...
Softening „ „	1	·07	1	...	...	...	...	...	...	...	...	1	3
Sanguineous apoplexy	2	·21	1	...	...	..	...	...	3	3	...	10	9
Hyperæmia of the brain	1	·01	...	...	...	...	...	...	2	2	...	6	4
Atrophy of the brain	1	·13	...	1	...	...	...	...	...	...	...	...	...
Anæmia of the brain	...	...	...	...	2	...	...	...	...	...	...	...	...
Bulbar paralysis	...	...	...	...	...	...	...	...	1	...		...	...
Internal hydrocephalus	...	...	...	...	...	...	...	...	...	...	..	1	...
Apoplexy	...	...	...	...	...	...	...	...	3	2	...	6	7
Paralysis	...	...	...	...	...	...	...	...	6	...	3	3	...
Paraplegia	2	·36	...	2	1	...	...	...	4	...	1	7	2
Hemiplegia	10	2·28	2	5	...	...	...	...	15	...	6	15	1
Monoplegia	1	·30	...	2	...	...	...	...	...	...	...	...	...
Local paralysis	11	1·41	...	4	...	...	...	...	34	...	3	11	...
Incomplete paralysis	...	...	...	...	...	...	...	...	2	...	1	3	...
Tremor	1	·11	...	...	...	...	...	...	3	...	...	...	...
Paralysis agitans	...	...	...	...	...	...	...	...	3	...	...	...	...
Chorea	8	1·23	...	2	...	...	1	...	3	...	1	4	...
Cramp	1	·02	...	...	...	...	...	...	...	...	...	1	...
Wry-neck	2	·03	...	...	...	...	...	...	5	...	...	5	...
Facial spasm	...	...	...	...	...	...	...	...	1	...	...	...	...
Convulsions	...	...	...	...	...	...	1	1	1	...	...	1	...
„ Infantile	...	...	...	...	...	...	20	16	...	...	...	...	...
Convulsions, puerperal	...	...	...	...	2	1	...	...	...	...	...	...	...
Epilepsy	86	12·43	...	53	10	...	2	...	31	3	16	109	5
Laryngismus stridulus	...	...	...	...	...	...	2	2	1	...	...	...	...
Tetany	...	...	...	...	...	...	...	...	1	...	...	...	...
Vertigo	64	2·73	...	2	1	...	...	...	7	...	...	23	...
Headache	55	1·97	...	2	...	...	2	...	31	...	2	17	...

TABLE LIII—*continued.*

DETAIL of DISEASES.

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Megrim	5	·25	...	...	...	..	...	...	35	...	1	18	...
Anæsthesia	...	...	...	...	...	...	...	...	2	...	1	1	..
Neuralgia	251	10·74	...	7	16	...	2	...	348	...	11	124	..
Facial hemiatrophy	...	...	...	...	...	...	...	...	1	...	...	...	...
Hysteria	7	·57	...	...	9	...	...	...	11	...	2	...	...
Somnambulism	1	·16	...	1	...	...	...	...	...	...	...	5	...
Aphasia	1	·01	...	...	...	...	...	...	...	...	1	...	...
Hiccough	...	...	...	...	...	...	...	...	1	...	...	1	...
Nervous weakness	18	2·07	...	8	1	...	...	...	6	...	1	9	...
Idiocy	2	·11	..	...	...	...	...	...	...	...	...	1	...
Mania	21	3·60	...	20	...	...	...	...	24	4	13	47	2
„ puerperal	...	...	...	...	...	...	...	...	...	...	...	1	...
Melancholia	54	17·44	..	60	2	...	...	...	10	...	4	11	...
Dementia	11	2·23	...	11	...	...	...	...	3	...	1	8	1
Mental stupor	2	·78	...	2	...	...	...	...	3	...	2	1	...
General paralysis of the insane	...	...	...	...	...	...	...	...	1	...	...	...	...
Delusional insanity	23	5·35	...	22	...	...	...	...	7	...	3	2	...
Conjunctivitis	365	14·86	...	3	21	...	131	...	1,937	...	8	1,102	...
„ granular	3	·33	...	1	...	...	...	...	36	...	1	45	...
Ecchymosis	2	·18	...	..	...	...	...	...	2	...	...		...
Œdema of conjunctiva	1	·02	...	...	...	...	...	...	1	...	...	...	...
Chemosis	...	...	...	...	...	...	...	...	...	...	...	2	...
Chronic hyperæmia of the conjunctiva	...	...	...	...	...	...	...	...	3	...	...	...	...
Keratitis	14	1·43	...	2	1	...	1	...	47	...	1	31	...
Ulcerative keratitis	46	3·44	...	...	1	...	1	...	175	...	8	249	...
Gangrene of the cornea	...	...	...	...	...	...	...	...	1	...	...	4	...
Degeneration „ „	...	...	...	...	...	...	...	...	...	...	...	1	...
Opacity „ „	2	·27	...	2	...	...	...	...	19	...	6	15	...
Staphyloma „ „	...	...	...	...	...	...	...	...	1	...	1	1	...
Conical cornea	1	·01	...	1	...	...	...	...	...	...	...	...	...
Scleritis	1	·03	...	...	...	...	...	...	3	...	...	1	...
Staphyloma of the selerotic	..	...	...	...	...	...	...	...	...	...	...	1	...
Iritis	61	5·20	...	5	1	...	...	..	76	...	4	34	...
Synechia	1	·03	...	...	...	...	...	...	4	...	...	...	...
Mydriasis	1	·01	...	...	...	...	...	...	...	...	...	...	...
Choroiditis	1	·13	...	...	...	...	...	...	...	...	...	...	...
Glaucoma	1	·03	...	1	...	...	...	...	7	...	3	3	...
Hypopyon	...	...	...	...	...	...	...	...	4	...	2	1	...
Optic neuritis	9	·8	...	8	...	...	...	...	...	...	...	1	...
Congestion of optic disc	1	·05	...	...	...	...	...	...	...	...	1	...	...
Atrophy and degeneration of optic nerve	4	·55	...	6	...	...	...	...	1	...	1	...	...
Retinitis	6	·65	...	2	...	...	...	...	2	...	2	1	...
Degeneration and atrophy of retina	3	·33	...	1	...	...	...	...	3	...	2	...	...
Lenticular cataract	10	·65	...	2	...	...	...	...	15	...	6	17	...
Capsular „	...	...	...	...	...	...	...	...	...	...	...	1	...
Opacities of the vitreous humour	...	...	...	...	...	...	...	...	2	...	2	...	...
Panophthalmitis	...	...	..	...	...	...	...	...	2	...	1	1	...
Amblyopia and amaurosis	7	·15	...	1	...	...	...	...	14	...	3	...	...
Functional night blindness	2	·26	...	1	.	...	...	...	16	...	3	6	...
Hemianopsia	1	·01	...	...	...	...	...	...	...	...	...	...	...
Sympathetic irritation of eyeball	...	...	...	..	...	...	...	...	1	...	..	...	...
Ametropia	7	·19	...	1	..	...	...	...	4	...	...	...	...
Myopia	24	1·01	...	9	...	...	...	...	3	...	3	1	...
Hypermetropia	30	1·56	...	12	...	...	...	..	...	...	...	...	...
Astigmatism	27	1·76	...	12	...	...	...	...	3	...	...	...	...
Presbyopia	...	...	...	...	...	...	...	...	...	...	2	...	...
Asthenopia	2	·01	...	...	...	...	...	...	2	...	...	...	...
Squint	...	...	...	...	...	...	...		1	...	...	...	...
Nystagmus	1	·01	..	...	...	...	...	...	...	...	...	...	...
Inflammation of lacrymal gland	...	...	...	...	...	...	...	...	2	...	...	5	...
Abscess of lacrymal gland	1	·16	...	...	...	...	...	...	...	...	...	...	...
Stricture and obliteration of puncta and canaliculi	...	..	...	...	...	...	...	...	1	...	...	...	...
Chronic dacryo-cystitis	3	·39	...	1	...	...	...	...	2	...	...	...	...
Abscess of lacrymal sac	2	·04	...	...	...	...	...	...	1	...	...	3	...
Obstruction of nasal duct	4	·34	...	1	...	...	...	...	1	...	...	...	...
Blepharitis marginalis	18	·87	...	1	...	...	...	...	1	...	...	9	...
Stye	16	·29	...	..	...	...	...	...	71	...	...	27	...
Abscess of the eyelids	7	·53	...	2	...	...	2	...	6	...	...	2	...
Ecchymosis of eyelids	...	...	...	...	...	...	...	...	...	...	...	2	...
Trichiasis	...	...	...	...	...	...	...	...	...	...	...	15	...
Entropion	1	·02	...	...	...	...	...	...	...	...	...	3	...
Ectropion	...	...	...	...	...	...	...	...	...	...	...	3	...
Œdema of the eyelids	1	·02	...	...	...	...	...	...	3	...	...	2	...
Ptosis	...	...	...	...	...	...	...	...	1	...	..	...	...
Inflammation of the external ear	621	28·19	...	8	5	...	9	...	253	...	2	194	...
Abscess „ „ „	3	·23	...	1	...	...	...	...	10	...	...	5	...
Hæmatoma of the auricle	2	·06	...	...	...	...	...	...	...	...	...	...	...
Hyperostosis	...	...	...	...	...	...	...	..	1	...	...	...	...
Accumulation in the external meatus of wax and epidermis	8	·16	...	...	...	...	...	...	3	...	...	...	...
Inflammation of the middle ear	72	5·52	...	8	1	...	3	...	34	...	1	35	...
„ „ „ suppurative	20	1·14	1	5	1	...	...	...	47	...	3	57	...
Ulceration of the membrana tympani	...	...	...	...	...	...	...	...	8	...	...	1	...
Perforation „ „	133	12·56	...	45	...	...	...	...	13	...	1	...	...
Obstruction of Eustachian tube	2	·08	...	1	...	...	...	...	...	...	...	...	...
Tinnitus	1	·15	...	1	...	...	...	...	1	...	1	...	...
Deafness	26	1·84	...	15	...	...	..	...	25	...	8	4	...
Rhinitis	9	·43	...	...	...	...	...	...	6	...	...	...	...
Coryza	17	·38	...	...	...	...	...	...	24	...	...	43	...
Ozæna	2	·21	...	...	...	...	...	...	...	...	...	11	...
Abscess of the nose	1	·05	...	...	...	...	...	...	1	...	...	1	...
Necrosis of bones of nose	...	...	...	...	...	...	...	...	...	...	...	1	...
Daviations of septum	2	·11	...	...	...	...	...	...	...	...	...	...	...
Epistaxis	13	·4	...	...	1	...	2	...	15	...	...	35	...
Inflammation of the accessory sinuses	...	...	...	...	...	...	...	...	1	...	...	...	...
Empyema	1	·06	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the naso-pharynx	1	·03	...	1	...	...	...	...	1	...	...	...	...
Adenoid vegetations naso-pharynx	...	...	...	...	...	...	1	...	...	...	...	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Pericarditis	7	·55	2	2	...	...	...	...	5	...	2	10	8
Hydropericardium	...	...	...	...	...	...	...	...	...	...	...	2	2
Endocarditis	2	·05	3	...	...	...	...	...	...	...	...	...	...
Valvular disease of the heart	239	37·74	18	176	5	3	1	1	50	5	31	108	39
Abscess of the muscular substance of heart	...	...	...	...	...	...	...	...	...	...	...	1	...
Fatty degeneration of the heart	4	·26	4	1	...	...	...	...	1	...	1	14	11
Atrophy of the heart	...	...	...	...	...	...	...	...	3	...	1	...	...
Hypertrophy of the heart	3	·41	...	1	...	...	...	...	...	...	...	...	...
Dilatation of the heart	6	·13	2	1	...	...	...	...	16	2	4	13	6
Excessive growth of fat in the heart	...	...	...	...	1	...	...	...	...	...	...	...	...
Aneurysm of the heart	...	·06	...	...	...	...	...	...	...	...	...	...	...
Disease of the coronary arteries	...	...	...	...	...	...	...	...	1	1	...	...	...
Thrombus	...	...	...	...	...	...	...	...	...	...	...	1	1
Embolus	...	...	...	...	...	...	...	...	...	...	...	1	1
Cyanosis	...	...	...	...	...	...	1	1	...	...	...	...	...
Angina pectoris	1	·18	...	1	1	...	...	...	4	1	1	1	...
Syncope	3	·03	6	...	...	...	1	2	2	7	2	3	2
Disordered action of the heart	502	57·43	1	141	...	...	2	...	8	...	8	10	...
Hypertrophy of arteries	...	...	...	...	...	...	...	...	2	...	1	1	1
Dilatation of arteries	...	...	...	...	1	...	...	...	3	...	...	...	...
Aneurysm of arteries	13	1·10	11	3	2	...	...	...	3	...	...	6	2
Traumatic aneurysm	...	...	...	...	...	...	...	...	...	...	...	2	...
Thrombosis	2	·23	...	2	...	...	1	...	...	...	...	...	...
Embolism	2	·02	2	...	1	...	...	...	1	...	1	...	...
Raynaud's disease	1	·21	...	...	...	...	...	...	...	...	...	...	...
Phlebitis	44	3·03	...	8	...	...	...	...	13	...	...	4	...
Obstruction of veins	...	...	...	...	...	...	...	...	1	1	...	...	...
Thrombosis „ „	18	1·89	...	7	1	...	...	...	1	1	...	...	...
Phlegmasia dolens	2	·02	...	...	...	...	...	...	...	...	...	...	...
Varix	68	4·63	...	9	4	...	...	...	17	...	7	1	...
Varicose aneurysm	...	...	...	...	1	...	...	...	...	...	...	...	...
Nævus	...	...	...	...	1	...	1	...	...	...	...	...	...
Hay asthma	...	...	...	...	...	...	...	...	1	...	...	...	...
Laryngitis	53	3·38	1	5	1	...	1	1	88	1	1	17	1
Œdema of glottis	...	...	...	...	...	...	1	1	...	...	...	...	...
Aphonia	...	·02	...	1	...	...	...	...	...	...	...	...	...
Tracheitis	...	...	...	...	...	...	...	...	4	...	...	...	...
Bronchitis	1,266	62·23	1	25	50	...	221	8	1,851	9	30	2,340	28
Dilatation of bronchi	...	·02	...	1	...	...	...	...	1	...	...	1	1
Spasmodic asthma	33	3·23	...	14	...	...	...	...	146	1	20	622	4
Congestion of the lungs	4	·22	...	1	...	...	...	...	4	...	...	7	2
Hæmoptysis	6	·55	...	...	...	...	...	...	4	...	...	29	...
Pulmonary apoplexy	2	·14	...	...	...	...	...	...	...	...	...	2	3
Œdema of the lungs	...	...	...	...	...	...	...	...	...	...	...	4	3
Pneumonia	237	21·92	36	6	2	1	18	4	1,370	240	4	1,071	292
Broncho-pneumonia	6	·67	2	...	3	1	8	4	27	11	...	39	7
Abscess of the lungs	1	·35	1	...	...	...	...	...	2	...	...	1	1
Gangrene of the lungs	1	·06	1	...	...	...	...	...	...	...	...	5	5
Cirrhosis of the lungs	...	...	...	...	...	...	...	...	1	...	1	2	...
Phthisis	1	·26	...	1	...	...	...	...	3	...	2	8	...
Emphysema	8	·80	...	4	...	...	...	...	9	1	5	6	4
Atelectasis	...	...	...	...	...	...	1	1	...	...	...	...	...
Pleurisy	119	9·16	1	6	6	...	...	...	264	5	4	184	18
Empyema	1	·56	...	...	...	...	...	...	5	...	...	3	1
Hydrothorax	...	...	...	...	...	...	1	1	1	...	...	2	2
Pneumothorax	...	...	...	...	...	...	...	...	1	...	...	...	...
Adhesions of pleura	...	...	...	...	...	...	...	...	1	...	1	...	...
Inflammation of the lips	2	·03	...	...	...	...	...	...	4	...	...	2	...
Ulceration of the lips	...	...	...	...	...	...	...	...	1	...	...	...	...
Fissure of the lips	...	...	...	...	...	...	...	...	...	...	...	2	...
Stomatitis	18	·85	...	...	2	...	6	...	43	...	1	95	...
Ulceration of the mouth	...	...	...	...	...	...	...	...	14	...	...	5	...
Gangrene „ „	1	·02	...	...	...	...	...	...	1	...	...	4	1
Disorders of dentition	...	...	...	...	...	...	83	11	6	...	...	...	...
„ „ with convulsions	...	...	...	...	...	...	...	1	...	...	...	...	...
„ „ „ diarrhœa	...	...	...	...	...	...	10	...	1	...	...	...	...
Inflammation of the dental pulp	...	...	...	...	...	...	...	...	1	...	...	...	...
Suppuration of the dental pulp	1	·15	...	...	...	...	...	...	2	...	...	...	...
Caries of dentine	208	7·39	...	38	1	...	8	...	30	...	...	31	...
Inflammation of the dental periosteum	81	2·67	...	1	3	...	2	...	11	...	...	1	...
Abscess of the dental periosteum	214	6·60	...	1	...	...	3	...	153	...	...	252	...
Inflammation of the periosteum and gums	9	·26	...	...	...	...	4	...	8	...	...	22	...
Suppuration „ „	1	·01	...	...	...	...	...	...	18	...	...	4	...
Ulceration „ „	1	·22	...	...	...	...	...	...	13	...	...	31	...
Caries of alveoli	30	·48	...	...	...	...	...	...	12	...	...	9	...
Necrosis of „	3	·64	...	1	...	...	...	...	2	...	...	...	...
Impaction of teeth	1	·05	...	...	...	...	...	...	2	...	...	1	...
Toothache	...	...	...	...	...	...	...	...	4	...	...	2	...
Glossitis	2	·06	...	...	1	...	...	...	6	...	...	4	...
Abscess of the tongue	...	...	...	...	...	...	...	...	1	...	...	...	...
Ulceration of the tongue	...	...	...	...	...	...	...	...	5	...	...	2	...
Sore throat	655	18·13	...	...	12	...	12	...	131	...	...	61	...
Ulceration of the palate and fauces	5	·58	...	...	...	...	1	...	2	...	1	...	...
Tonsillitis	50	1·25	...	...	9	...	18	...	...	...	...	...	...
Follicular tonsillitis	811	29·44	...	...	19	...	45	...	252	...	...	66	...
Quinsy	77	2·37	...	...	2	...	1	...	6	2	...	28	...
Hypertrophy of tonsils	3	·11	...	...	...	...	...	...	1	...	...	2	...
Elongated uvula	1	·04	...	...	...	...	...	...	2	...	...	4	...
Inflammation of the salivary glands	6	·42	...	...	1	...	1	...	9	...	...	7	...
Salivary fistula	...	...	...	...	...	...	...	...	3	...	...	...	...
Salivation	...	...	...	...	...	...	...	...	2	...	...	...	...
Inflammation of the pharynx and œsophagus	16	·39	...	...	...	...	1	...	45	...	...	13	...
Post-pharyngeal abscess	...	...	...	...	...	...	...	...	...	...	...	1	...
Ulceration of the pharynx	...	...	...	...	...	...	...	...	2	...	...	1	...
Stricture of the œsophagus	1	·08	...	1	...	...	...	...	...	...	...	...	...
Gastritis	176	9·63	...	5	20	...	15	2	94	...	...	85	1
Ulceration of the stomach	2	·29	1	1	4	1	...	...	8	...	...	2	2
„ „ „ perforating	...	...	...	...	...	...	...	...	3	...	...	7	3
Hæmorrhage from the stomach	1	·01	...	...	...	...	...	...	...	...	...	...	...

TABLE LIII—*continued.*

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Hæmatemesis	3	·38	...	1	...	...	...	...	9	1	1	17	2
Melæna	...	...	...	...	...	...	...	...	...	...	..	3	...
Dilatation of stomach	5	·58	...	2	2	...	...	...	2	...	...	1	1
Indigestion	843	32·06	...	12	69	...	17	...	222	...	7	652	1
Pyrosis	...	...	...	...	1	...	...	...	...	...	...	1	...
Regurgitation	1	·21	...	...	...	...	...	...	...	...	...	...	...
Vomiting	2	·14	...	...	4	...	...	...	...	...	...	2	...
Gastralgia	3	·04	...	...	...	...	1	...	9	...	...	...	...
Heartburn	...	...	...	...	...	...	...	...	2	...	...	1	...
Loss of appetite	...	...	...	...	...	...	...	...	3	...	...	1	...
Inflammation ef the intestines	...	...	...	...	3	...	6	1	...	...	...	...	...
Enteritis	60	2·92	1	3	13	1	50	20	26	6	...	83	13
Typhlitis	81	7·08	6	9	3	...	1	1	39	3	...	20	2
Colitis	31	2·66	...	2	..	...	1	...	25	...	1	34	4
Catarrhal inflammation of the intestines	140	5·02	...	...	2	...	11	2	43	1	...	328	5
Ulceration of the intestines	1	·17	...	...	...	...	...	...	...	...	...	3	3
" " " perforating	...	...	...	...	...	...	...	...	...	...	...	1	1
Fistula of intestines	...	·14	...	1	...	...	...	...	...	...	...	1	...
Hæmorrhage from the intestines, including melæna	5	·17	...	...	...	...	...	...	3	...	..	5	...
Concretions	...	...	...	...	...	...	...	...	1	...	...	...	...
Fæcal accumulation in the intestines	1	·04	...	...	12	...	5	...	2	...	...	9	...
Tympanites	...	...	...	...	...	...	..	...	2	...	...	2	...
Sprue	1	·01	1	...	1	...	...	...	2	...	...	7	1
Hernia	142	11·67	...	43	...	...	10	...	45	2	11	46	1
Dropsy of the hernial sacs	...	...	...	...	...	...	...	...	...	...	...	1	...
Intussusception	...	...	...	...	...	...	1	1	1	1	...	2	3
Volvulus	1	·08	...	...	...	...	...	...	...	...	...	9	9
Internal strangulation	2	·02	2	...	...	...	...	...	...	...	...	...	...
Contraction of the intestines	4	·23	...	...	...	..	...	...	...	...	...	2	1
Stricture " "	...	...	...	...	...	...	...	...	1	...	...	2	...
Obstruction " "	...	...	...	...	...	...	1	1	2	1	...	8	3
Compression " "	1	·02	...	...	...	...	...	...	...	...	...	...	...
Perforation " "	1	·01	1	...	...	...	...	...	...	...	...	4	4
Rupture of intestines	...	...	...	...	...	...	...	...	...	...	...	1	1
Intestinal dyspepsia	...	...	...	...	...	...	...	...	...	...	...	29	...
Constipation	83	2·94	...	...	5	...	5	...	26	...	1	119	...
Colic	328	9·90	...	...	17	...	4	1	213	..	...	442	3
Diarrhœa	914	33·01	...	7	60	...	222	30	709	6	6	4,696	108
Proctitis	1	·36	...	...	...	...	...	...	...	...	...	1	...
Periproctitis	8	·43	...	...	...	...	...	...	7	...	1	2	...
Abscess of the rectum and anus	2	·05	...	...	...	...	...	...	7	...	...	11	...
Ulceration " " "	6	·91	...	2	...	...	...	...	3	...	...	19	1
Fissure of the anus	17	1·09	...	...	...	...	...	...	14	...	...	12	...
Fistula in ano	33	2·80	...	2	...	...	...	...	56	...	3	56	...
Hæmorrhage from the rectum	...	...	...	...	...	...	...	...	...	...	...	1	...
Prolapse of the rectum and anus	6	·77	...	1	...	...	1	...	...	...	...	13	...
Piles	398	20·97	...	2	5	...	...	...	153	1	6	488	2
Pruritus ani	1	·01	...	...	...	...	...	..	...	...	...	...	...
Hepatitis	341	34·44	1	51	9	...	...	...	59	3	2	35	1
Abscess of the liver	184	22·36	96	51	1	1	...	...	13	4	1	7	6
Cirrhosis " "	6	·58	...	3	...	...	...	...	12	3	...	51	23
Perihepatitis	6	·24	...	...	...	...	...	...	1	...	...	...	...
Congestion of the liver	792	34·72	...	18	10	...	3	...	99	3	...	28	1
Acute yellow atrophy of the liver	1	·06	1	...	1	1	...	...	...	...	...	3	3
Atrophy of the liver	...	...	...	...	...	...	...	...	1	1	...	2	...
Hypertrophy of the liver	...	...	...	...	...	...	...	...	...	...	...	6	...
Jaundice	385	20·51	...	3	3	...	11	...	232	3	2	203	2
Cholecystitis	41	2·42	...	1	...	...	1	...	4	...	...	20	...
Gall stones	2	·04	...	...	...	...	...	...	2	...	...	2	1
Biliary colic	3	·11	...	...	...	...	...	...	4	...	...	5	...
Inflammation of the pancreas	...	...	...	...	...	...	...	...	1	...	...	2	1
Peritonitis	5	·28	2	...	1	...	...	...	15	7	...	29	24
Ascites	...	...	...	...	...	...	...	...	6	...	1	25	3
Adhesions of the peritonæum	1	...	...	1	...	...	...	...	1	...	...	...	...
Omental hernia	...		...	...	...	...	...	...	...	...	...	1	...
Splenitis	35	2·68	...	2	3	...	...	...	89	1	4	17	...
Perisplenitis	2	·10	...	...	...	...	...	...	6	...	2	...	...
Congestion of the spleen	...	...	...	...	...	...	...	...	5	...	...	1	...
Hypertrophy of the spleen	1	·04	...	...	...	...	...	...	84	...	10	36	...
Inflammation of lymph vessels and glands	1,406	158·76	...	7	1	...	10	...	342	1	7	263	1
Suppuration of lymph vessels and glands	48	6·82	1	2	...	...	...	...	14	...	...	113	1
Hypertrophy of lymph-glands	1	·10	...	...	...	...	...	...	7	...	...	3	...
Inflammation of lymphatics	15	·70	...	...	...	...	1	...	25	...	1	33	...
Obstruction of lymphatics	...	...	...	...	...	...	...	...	2	...	...	...	...
Elephantiasis	1	·05	...	...	...	...	...	...	...	...	...	12	...
Dilatation of lymphatics	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the thyroid body	...	...	...	...	...	...	...	...	1	...	...	...	...
Goitre	7	·48	...	1	...	...	...	...	11	...	2	...	...
Addison's desease	1	·09	...	1	...	...	...	...	...	...	...	...	...
Acute nephritis	21	4·39	1	9	...	...	1	...	12	3	2	10	1
Bright's disease	...	...	...	...	...	...	...	...	5	2	1	29	9
Chronic nephritis	18	2·23	6	7	2	...	...	...	9	...	3	30	8
Granular kidney	8	1·00	4	7	...	...	...	...	4	1	...	5	3
Abscess of kidney	...	...	...	...	...	...	...	...	1	...	...	...	...
Surgical kidney	...	...	...	...	...	...	...	...	...	...	...	1	1
Perinephritic abscess	1	·19	...	2	...	...	...	...	...	...	...	...	...
Pyelitis	2	·25	...	...	...	...	...	...	2	...	...	1	...
Congession of kidney	...	...	...	...	...	...	...	...	...	...	...	1	...
Atrophy of kidney	...	·02	...	1	...	...	...	...	...	...	...	...	...
Movable kidney	...	...	...	...	2	...	...	...	...	...	...	...	...
Calculus in kidney	2	·27	...	...	...	...	...	...	23	...	1	2	...
" in pelvis of kidney	2	·19	...	1	...	...	...	...	...	...	...	1	...
" in ureter	1	·07	...	...	...	...	...	...	4	...	...	8	...
Nephralgia	...	...	...	...	...	...	...	...	7	...	1	...	...
Glycosuria	1	·03	...	...	...	...	...	...	...	...	...	...	...
Suppression of urine	...	...	...	...	1	1	...	...	2	2	...	1	1
Hæmaturia	22	2·09	...	2	...	...	...	...	6	...	...	7	...
Chyluria	...	...	...	...	...	...	...	...	...	...	...	2	...
Albuminuria	2	·16	...	...	1	...	...	...	7	...	1	7	...
Lithuria	2	·09	...	...	...	...	...	...	2	...	...	2	...

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Oxaluria	1	...	...	...	...	...	...	...	1	...	...	...	...
Phosphaturia	1	·02	...	...	...	...	...	...	3	...	...	1	...
Inflammation of the bladder	28	2·68	...	3	3	...	...	...	8	1	...	6	...
Suppuration " "	...	...	...	...	...	...	...	...	2	...	...	...	...
Calculus in the bladder	2	·28	...	1	...	...	...	...	11	1	1	8	...
Irritability of the bladder	6	·39	...	...	...	...	...	...	...	...	...	1	...
Retention of urine	3	·19	...	...	1	...	...	...	...	...	...	6	...
Incontinence of urine	37	2·36	...	3	...	...	...	...	...	...	...	2	...
Urethritis	23	·83	...	...	...	...	...	...	5	...	...	3	...
Gleet	2	·06	...	...	...	...	...	...	...	...	...	...	...
Hæmorrhage from urethra	1	·03	...	...	...	...	...	...	...	...	...	...	...
Stricture of the urethra	61	5·25	...	11	...	...	...	...	15	...	1	55	1
Urethral fistula	2	·09	...	1	...	...	...	...	1	1	...	2	...
Extravasation of urine	2	·09	1	...	...	...	...	...	1	...	...	4	4
Impacted calculus	...	...	...	...	...	...	...	...	2	...	...	1	...
Inflammation of the prostate	11	·31	...	...	...	...	...	...	...	...	...	...	...
Hypertrophy of the prostate	...	...	...	...	...	...	...	...	...	...	...	3	...
Inflammation of the vesiculæ seminales	...	...	...	...	...	...	...	...	5	...	...	...	...
Posthitis	...	...	...	...	...	...	...	...	3	...	...	...	...
Phimosis	43	2·50	...	...	...	...	2	...	20	...	...	74	...
Paraphimosis	29	1·51	...	...	...	...	...	...	10	...	...	10	...
Balanitis	170	6·41	...	...	...	...	...	...	1	...	...	7	...
Ulcer of the penis	77	4·80	...	...	...	...	...	...	49	...	...	21	...
Gangrene " "	...	...	...	...	...	...	...	...	...	...	...	1	...
Œdema " "	1	...	...	...	...	...	...	...	2	...	...	...	...
Soft chancre	3,851	322·21	...	...	1	...	...	...	546	...	2	123	...
Inflammation of the scrotum	...	...	...	...	...	...	...	...	...	...	...	4	...
Abscess of the scrotum	5	·23	...	...	...	...	...	...	7	...	...	12	1
Sloughing " "	...	...	...	...	...	...	...	...	2	...	...	2	1
Œdema " "	1	·05	...	...	...	...	...	...	1	...	...	...	...
Soft chancre	...	...	...	...	...	...	...	...	1	...	...	9	...
Pruritus	...	...	...	...	...	...	...	...	2	...	...	...	...
Inflammation of the spermatic cord	...	...	...	...	...	...	...	...	3	...	...	1	...
Hydrocele " " "	12	·63	...	1	...	...	...	...	34	...	2	3	...
Hæmatocele	1	·04	...	...	...	...	...	...	1	...	...	1	...
Varicocele	45	2·81	...	1	...	...	...	...	1	...	...	...	...
Inflammation of the tunica vaginalis	1	·10	...	...	...	...	...	...	...	...	...	...	...
Hæmatocele of the tunica vaginalis	1	·21	...	...	...	...	...	...	...	...	...	4	...
Hydrocele " " "	39	2·83	...	2	...	...	...	...	...	...	...	122	...
Inflammation of the testicle	...	...	...	...	...	...	...	...	4	...	...	63	...
Orchitis	462	25·42	...	3	...	...	...	...	220	...	5	70	1
Epididymitis	29	1·68	...	...	...	...	...	...	15	...	...	10	...
Protrusion of the tubuli	...	...	...	...	...	...	...	...	...	...	...	1	...
Spermatorrhœa	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the ovary	...	...	...	...	9	...	...	...	...	...	...	...	...
Inflammation of the Fallopian tube	...	...	...	...	1	...	...	...	...	...	...	...	...
Pyosalpinx	...	...	...	...	1	...	...	...	...	...	...	...	...
Elongation of the Fallopian tube	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmatocele of the uterine ligaments	...	...	...	...	1	...	...	...	...	...	...	...	...
Parametritis	...	...	...	...	3	...	...	...	...	...	...	...	...
Metritis (of the uterus)	...	...	...	...	8	...	...	...	...	...	...	...	...
Endometritis "	...	...	...	...	15	...	...	...	...	...	...	1	...
Ulcer of the uterus	...	...	...	...	2	...	...	...	...	...	...	...	...
Hæmorrhage from the uterus	...	...	...	...	...	...	...	...	...	...	...	2	...
Hypertrophy of " "	...	...	...	...	1	...	...	...	...	...	...	...	...
Subinvolution of the uterus	...	...	...	...	4	...	...	...	...	...	...	...	...
Abrasion " "	...	...	...	...	2	...	...	...	...	...	...	...	...
Displacement and distortions of the uterus	...	...	...	...	...	...	...	...	...	...	...	3	...
Retroversion of the uterus	...	...	...	...	4	...	...	...	...	...	...	...	...
Anteflexion " "	...	...	...	...	1	...	...	...	...	...	...	...	...
Retroflexion " "	...	...	...	...	1	...	...	...	...	...	...	...	...
Prolapsus " "	...	...	...	...	7	...	...	...	...	...	...	2	...
Stricture of the canal "	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the vagina	...	...	...	...	1	...	5	...	...	...	...	...	...
Cicatrix	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the vulva	...	...	...	...	1	...	...	...	...	...	...	...	...
Ulcer " "	...	...	...	...	1	...	...	...	...	...	...	...	...
Amenorrhœa	...	...	...	...	3	...	...	...	...	...	...	...	...
Dysmenorrhœa	...	...	...	...	7	...	...	...	...	...	...	8	...
Menorrhagia	...	...	...	...	21	1	...	...	...	...	...	8	...
Metrorrhagia	...	...	...	...	22	...	...	...	...	...	...	2	...
Leucorrhœa	...	...	...	...	1	...	...	...	...	...	...	1	...
Neuralgia of uterus	...	...	...	...	2	...	...	...	...	...	...	...	...
Cramp and spurious labour pains	...	...	...	...	4	...	...	...	...	...	...	4	...
Catarrh of cervix uteri	...	...	...	...	3	...	...	...	...	...	...	...	...
Menstruation during pregnancy	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage from the uterus during pregnancy	...	...	...	...	5	...	...	...	...	...	...	4	1
Abortion	...	...	...	...	121	...	...	...	...	...	...	9	...
Apoplectic ovum	...	...	...	...	...	...	...	...	...	...	...	1	...
Vesicular mole	...	...	...	..	1	1	...	...	...	...	...	...	...
Missed labour	...	...	...	...	1	...	...	...	...	...	...	...	...
Ectopic gestation	...	...	...	...	1	1	...	...	...	...	...	...	...
Mechanical obstacle to the expulsion of the fœtus	...	...	...	...	2	2	...	...	...	...	...	1	...
Hæmorrhage unavoidable from placenta prævia	...	...	...	...	1	...	...	...	...	...	...	...	...
Hæmorrhage accidental from detachment of placenta	...	...	...	...	1	...	...	...	...	...	...	...	...
Rupture of the perineum	...	...	...	...	4	...	...	...	...	...	...	...	...
Retention of the placenta	...	...	...	...	...	...	...	...	...	...	...	2	...
Still-birth	...	...	...	...	...	...	1	2	...	...	...	...	...
Asphyxia of infant	...	...	...	...	...	...	1	1	...	...	...	...	...
Post-partum hæmorrhage	...	...	...	...	3	2	...	...	...	...	...	...	...
Retention of placental fragments	...	...	...	...	...	...	...	...	...	...	...	2	...
Sudden death after delivery	...	...	...	...	1	1	...	...	...	...	...	..	...
Abscess of the nipple and areola	...	...	...	...	2	...	...	...	...	...	...	1	...
Mastitis	...	...	...	...	4	...	...	...	...	...	...	1	...

TABLE LIII—*continued*.

DETAIL of DISEASES.

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
Suppuration of mammary gland	...	...	...	...	4	...	...	...	...	...	...	...	...
,, ,, puerperal	...	...	...	...	5	...	...	...	...	...	...	...	...
Inflammation of the male breast	7	·58	...	...	...	...	...	...	...	...	...	...	...
Hypertrophy ,, ,,	1	·23	...	...	...	...	...	...	...	...	...	...	...
Ostitis	13	1·04	...	3	1	...	...	...	10	...	...	3	...
Septic osteo-myelitis	...	...	...	...	...		...	...	1	1	...	1	1
Periostitis	29	2·81	...	2	1	...	...	...	47	...	3	17	...
Periostitis circumscribed	...	...	...	...	...	...	...	...	1	...	...	2	...
Perichondritis	...	...	...	...	...	...	...	...	...	...	...	...	...
Chronic abscess of bones	...	...	...	...	...	...	1	...	6	...	...	1	...
Caries of bones	7	·69	...	1	...	...	...	...	6	...	2	18	2
Necrosis of bones	13	2·04	...	5	...	...	1	...	11	...	1	35	1
Un-united fracture	2	·19	...	1	...	...	...	...	...	...	...	...	...
Arthritis	1	·01	...	...	...	...	...	...	...	...	...	...	...
Synovitis	651	35·58	...	16	...	...	3	...	478	...	19	150	3
Suppuration of joints	1	·18	...	1	...	...	...	...	...	...	...	...	...
Ankylosis	12	·74	...	4	...	...	...	...	9	...	7	3	...
Dislocation of articular cartilage	15	·66	...	3	...	...	...	...	2	...	...	...	...
Loose body	1	·04	...	...	...	...	...	...	...	...	...	...	...
Relaxation of ligaments	3	·42	...	3	...	...	...	...	...	...	...	...	...
Caries of spine	...	...	...	...	...	...	...	...	3	...	2	...	...
Psoas, lumbar, post-pharyngeal, and other abscesses	1	·38	...	1	...	...	2	...	2	1	...	2	...
Posterior curvature of the spine	...	...	...	...	...	...	...	...	2	...	1	1	...
Lateral ,, ,, ,,	1	·01	...	1	...	...	...	...	...	...	...	...	...
Inflammation of the muscles	3	·09	...	...	...	...	...	...	5	...	...	1	...
Atrophy ,, ,,	...	...	...	...	...	...	...	...	6	...	1	...	...
Spontaneous rupture of the muscles	...	·09	...	...	...	...	...	...	2	...	1	...	...
Contracture of the muscles	...	...	...	...	...	...	...	...	1	...	...	...	...
Idiopathic muscular atrophy	1	07	...	1	...	...	...	...	2	...	2	...	...
Myalgia	135	36	...	...	6	...	...	...	355	...	19	179	...
Contracture of fasciæ	...	...	...	...	...	...	...	...	2	...	...	...	...
Inflammation of tendons	1	·05	...	...	...	...	...	...	...	...	...	3	...
Adhesions ,, ,,	...	...	...	...	...	...	...	...	1	...	...	...	...
Contraction ,, ,,	12	·70	...	2	...	...	...	...	3	...	...	...	...
Tenosynovitis	5	·35	...	...	...	...	...	...	7	1	1	6	...
Thecal abscess	...	...	...	...	...	...	...	...	2	...	...	16	...
Ganglion	4	·11	...	...	...	...	1	...	14	...	...	2	...
Inflammation of bursæ	22	1·10	...	...	2	...	...	...	19	...	...	5	...
Abscess of bursæ	1	·15	...	...	...	...	...	...	2	...	...	...	...
Bunion	6	·53	...	1	...	...	...	...	1	...	...	...	...
Bursal cyst	1	·22	...	...	...	...	...	...	2	...	...	...	...
Bursal tumour	...	...	...	...	...	...	...	...	1	...	...	...	...
Club-foot	...	...	...	...	...	...	2	...	...	...	...	1	...
Flat-foot	11	·79	...	11	...	...	1	...	3	...	...	...	...
Deformities of the great toe	2	·20	...	...	...	...	...	...	...	...	...	...	...
Hallux valgus	13	1·24	...	5	...	...	...	...	...	...	...	...	...
Hammer toe	35	2·97	...	3	...	...	...	...	2	...	1	...	...
Inflammation of the connective tissue	671	31·15	...	...	10	...	5	...	380	2	2	601	16
Abscess ,, ,, ,,	855	40·87	...	6	9	...	7	...	1,693	4	4	3,386	3
Gangrene ,, ,, ,,	1	·29	...	...	...	...	...	...	2	2	...	9	5
Hæmorrhage from ,, ,,	...	...	...	...	...	...	...	...	1	...	...	...	...
Œdema ,, ,,	...	...	...	...	1	...	...	...	9	...	...	14	...
Elephantiasis of ,,	...	...	...	...	...	...	...	...	...	...	...	5	...
Emphysema	2	·15	...	...	...	...	...	...	...	...	...	...	...
Undue formation of fat	...	...	...	...	...	...	...	...	2	...	3	...	...
Erythema	14	·59	...	...	...	...	...	...	5	...	...	16	...
Roseola	2	·06	...	...	...	...	1	...	2	...	...	...	...
Pityriasis rosea	2	·05	...	...	...	...	...	...	1	...	...	1	...
Urticaria	38	1·39	...	...	3	...	1	...	79	...	...	74	...
Prickly heat	20	·45	...	...	...	...	...	...	5	...	...	25	...
Eczema	467	24·82	...	3	6	...	24	...	413	...	4	305	...
Impetigo	58	3·57	...	1	...	...	4	...	30	...	...	75	...
Pityriasis rubra	2	·15	...	...	...	...	...	...	2	...	...	1	...
Prurigo	1	·05	...	...	...	...	1	...	4	...	...	2	...
Lichen	2	·21	...	...	...	...	...	...	9	...	...	6	...
Psoriasis	50	4·19	...	1	...	...	1	...	25	...	1	10	...
Herpes	61	2·43	...	...	1	...	1	...	76	...	...	50	...
Zona	19	68	...	...	...	...	...	...	68	...	...	35	...
Pemphigus	173	9·41	...	1	2	...	9	3	10	...	...	5	...
Dermatitis herpetiformis	1	·01	...	...	...	...	...	...	5	...	...	...	...
Acne	6	·44	...	...	1	...	...	...	11	...	...	1	...
Sycosis	38	3·53	...	...	...	...	...	...	19	...	...	...	...
Seborrhœa	6	·33	...	...	...	...	...	...	...	...	...	...	...
Ichthyosis	1	·14	...	...	...	...	...	...	...	...	...	2	...
Scleroderma	...	...	...	...	...	...	...	...	1	...	...	...	...
Leucodermia	2	·12	...	...	...	...	...	...	1	...	...	...	...
Alopecia	2	·08	...	...	...	...	...	...	2	...	...	...	...
Area	1	·09	...	...	...	...	...	...	...	...	...	...	...
Chilblain	...	...	...	...	...	...	...	...	1	...	...	...	...
Ulcer	602	33·79	...	4	12	...	4	...	3,283	...	7	2,736	1
Cicatrices	1	·02	...	...	...	...	...	...	2	...	...	1	...
Boil	1,043	39·04	...	...	9	...	22	...	2,599	...	2	1,337	...
Carbuncle	23	1·39	1	2	1	1	...	...	20	...	...	183	4
Gangrene	...	...	...	...	...	...	...	...	1	...	1	...	...
Whitlow	168	7·40	...	1	...	...	...	...	345	...	...	319	...
Onychia	250	12·66	...	...	2	...	3	...	32	...	...	39	...
Corn	40	1·00	...	1	...	...	...	...	9	...	...	3	...
Cheloid	1	·05	...	...	...	...	...	...	4	...	1	...	...
Wen	33	1·45	...	...	1	...	...	...	28	...	...	13	...
Molluscum contagiosum	...	...	...	...	...	...	...	...	1	...	...	...	...
Hyperidrosis	8	·23	...	...	...	...	...	...	...	...	...	...	...
Bromidrosis	4	·10	...	...	...	...	...	...	...	...	...	...	...
Pruritus	...	...	...	...	...	...	...	...	1	...	...	1	...
Lupus	4	·26	...	1	...	...	...	...	2	...	...	1	...
Delhi boil	3	·33	...	1	...	...	...	...	111	...	...	...	...
Mycosis fungoides	...	...	...	...	...	...	...	...	...	...	...	2	...
Rhinoscleroma	...	...	...	...	...	...	...	...	1	...	...	...	...
ACCIDENTAL :—													
Heat-stroke	109	3·82	19	3	1	1	4	1	...	...	...	53	11
Sun-stroke	169	5·19	1	3	...	...	1	...	70	4	...	7	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Heat-apoplexy	37	1·85	14	3	1	..	1	1	4	2	...	15	7
Effects of cold	...	...	...	...	...	...	...	...	...	...	...	2	...
" " chemical irritants and corrosives	1	...	...	...	...	...	...	...	...	...	...	31	...
Lightning stroke	...	...	...	...	...	...	...	...	1	...	...	...	...
Multiple injury	9	·85	5	1	...	...	...	...	2	1	1	24	1
Suffocation from submersion	...	...	24	...	...	1	...	.	...	10	...	1	3
" " plugging of air-passages with foreign substances	...	...	...	...	...	...	...	...	...	...	...	1	1
Starvation	...	...	...	...	...	...	...	...	...	...	...	2	...
Exhaustion	1	·02	...	...	...	...	...	...	...	...	...	...	...
Shock	1	...	1	...	..	...	...	...	1	2	...	4	2
Burns and scalds (general and local)	62	3·19	...	1	1	1	9	2	305	1	...	345	1
Frost-bite	...	...	...	...	...	...	...	...	11	...	6	...	...
Abrasions	631	19·66	...	...	4	...	2	...	1,871	...	1	172	...
Contusions	1,595	66·99	...	4	5	...	10	...	2,868	1	9	817	1
Wounds	1,834	73·11	2	17	8	...	39	...	3,352	1	3	3,698	6
" from gunshot	40	3·45	4	5	...	...	...	...	75	3	15	1	...
" of eye ball with injury to iris	1	·05	...	...	...	...	...	...	...	...	...	...	...
Strains and sprains	1,761	71·27	...	5	3	...	4	...	1,258	...	3	229	...
Dislocation of foot with fracture of tibia	1	10	...	...	...	...	...	...	...	...	...	...	...
Dislocation of other bones	93	5·86	...	5	...	...	1	...	97	...	1	23	...
Rupture of muscles, tendons, and ligaments	11	·68	...	1	...	...	...	...	1	...	1	...	...
Rupture from muscular action	...	...	...	...	...	...	...	...	2	...	...	...	...
Fracture of the vault of the skull	1	·29	1	...	...	...	...	...	1	...	1	2	1
" " base of the skull	6	·27	5	3	...	...	...	...	12	10	2	2	3
" ribs with injury to lung	...	...	1	...	...	...	...	...	...	...	...	...	...
" do. do. heart and viscera	1	...	1	...	...	...	...	...	...	...	...	...	...
" " skull	...	...	...	...	...	...	...	...	...	...	...	...	1
" " other bones	391	39·02	...	21	3	...	12	...	356	1	24	372	5
" skull with laceration of brain	...	...	...	...	...	...	...	...	...	...	...	...	1
Foreign bodies in tissues and organs	11	·26	...	...	...	...	...	...	15	...	...	8	...
Effects of irritants and corrosives	1	·02	...	...	...	...	...	...	3	...	...	...	...
" mechanical injuries	...	...	...	...	...	...	...	...	2	...	...	...	...
Concussion of brain	40	3·46	2	7	...	...	1	...	41	2	2	4	...
Laceration "	2	·19	1	1	...	...	...	...	...	...	...	..	...
" of urethra	1	·08	...	...	...	...	...	...	...	...	...	...	...
Compression of brain	2	·02	2	...	...	...	...	1	1	1	...	...	...
" of spinal cord	1	·41	2	1	...	...	...	...	1	1	...	...	...
" nerves	...	...	...	...	..	...	...	...	2	...	...	...	...
" of chest	...	...	...	...	...	...	...	...	1	...	...	...	...
Concussion of spinal cord	...	...	...	...	...	...	...	...	...	...	...	1	...
Chemical injuries of eye	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmatoma of the pinna	...	...	...	...	...	...	...	...	1	...	...	...	...
Contusion of abdomen with rupture of muscles	2	·44	...	...	...	...	...	...	...	...	...	...	...
Contusion of viscera with injury to parietes	1	·40	...	1	...	...	...	...	...	...	...	...	...
Separation of cartilage from bone	...	...	...	...	...	...	...	...	1	...	...	...	...
Fracture of spine with displacement	1	·03	1	...	...	...	...	...	...	...	...	1	1
Rupture of brain vessel and liver	...	...	...	...	...	...	...	...	...	...	...	...	1
Rupture of membrana tympani	...	...	...	...	...	...	...	...	1	...	...	...	...
" " heart	...	...	...	...	...	...	...	...	...	...	...	...	1
" spleen	...	...	1	...	...	...	...	...	1	1	...	...	...
" intestines	1	...	1	...	...	...	...	...	...	...	...	...	...
" lung	1	·02	...	...	...	...	...	...	...	...	...	...	...
" kidney	...	...	...	...	...	...	.	...	...	...	...	...	1
" urethra	1	·04	...	...	...	...	...	...	...	...	...	2	1
" viscera	...	...	...	...	...	...	...	...	...	...	...	1	1
Separation of epiphyses	...	...	...	...	...	...	...	...	1	...	...	...	...
Greenstick fracture	...	...	...	...	...	...	2	...	...	...	...	...	...
Internal derangement of joints	2	·15	...	...	...	...	...	...	...	...	...	...	...
Fall from tree	...	...	...	...	...	...	...	...	...	1	...	...	...
POISON :—													
Arsenic	...	...	1	...	...	...	...	...	6	1	...	1	1
Mercury	...	...	...	...	...	...	...	...	5	...	...	...	...
Chloride of mercury	...	...	...	...	...	...	...	...	...	...	...	1	1
Lime	...	...	...	...	...	...	...	...	...	...	...	1	...
Oxalic acid	1	·02	...	...	1	...	...	...	...	...	...	...	...
Alcohol	1	·01	2	...	...	...	1	1	2	1	...	...	...
Carbolic acid	1	·01	1	...	...	...	...	...	...	...	...	...	...
Colocynth	...	...	...	...	...	...	...	...	1	...	...	...	...
Croton-oil seeds	...	...	...	...	...	...	...	...	...	...	...	3	...
Belladonna	...	...	...	...	..	...	1	...	...	...	...	...	...
Atropine	...	...	...	...	...	...	...	...	1	...	...	...	...
Indian hemp	...	...	...	...	...	...	...	...	2	...	1	...	...
Charas	...	...	...	...	...	...	...	...	1	...	...	...	...
Lathyrus	...	...	...	...	...	...	...	...	1	...	...	1	...
Opium	2	·20	...	...	...	...	...	...	1	...	...	7	...
Morphia and arsenic	...	...	...	...	...	...	...	...	...	...	...	1	1
Poisonous fungi	1	·02	...	...	...	...	...	...	...	...	...	...	...
Thorn apple	...	...	...	...	...	...	...	...	...	...	...	1	...
Vegetable poison not defined	...	...	...	...	...	...	...	...	2	1	...	2	...
Ptomaines	10	·24	4	...	2	...	...	...	1	..	...	...	...
Poisonous cheese, butter and beer	1	·04	...	...	...	...	...	...	...	...	...	...	...
Charcoal fumes	...	...	1	...	...	...	...	...	...	...	...	...	...
Chloroform vapour	2	·03	3	...	...	...	...	...	...	...	...	...	...
Irritant drug not defined	...	...	1	...	...	...	...	...	...	...	...	...	...

TABLE LIII—*continued.*

DETAIL of DISEASES.

Diseases.	European Army of India. Men. Admissions.	Men. Constantly sick.	Men. Deaths.	Men. Invaliding.	Women. Admissions.	Women. Deaths.	Children. Admissions.	Children. Deaths.	Native Army of India. Admissions.	Native Army of India. Deaths.	Native Army of India. Invaliding.	Jail Population of India. Admissions.	Jail Population of India. Deaths.
Poisoned Wounds :—													
Poisoned wound by man	1	.03	...	...	...	...	...	...	...	...	...	...	...
" " dog	110	8·62	...	...	1	...	7	...	2	...	...	6	...
" " jackal	...	...	...	...	...	...	...	...	1	...	...	1	...
" " shark	...	...	1	...	...	...	...	...	...	...	...	...	...
" " snakes	2	·10	1	...	...	...	...	...	11	...	...	25	1
" " cat	1	·01	...	...	...	...	...	...	...	...	...	...	...
" " scorpions	2	·18	...	...	...	...	...	...	2	...	...	...	...
" " centipedes	1	·03	...	...	...	...	...	...	...	...	...	43	1
" " leech	...	...	...	...	...	...	...	...	...	...	...	4	...
" " fish	...	...	...	...	...	...	...	...	...	...	...	2	...
" " tick	...	...	...	...	...	...	...	...	...	...	...	4	...
" " stinging insects	...	...	...	...	...	...	...	...	6	...	...	2	...
" " bees	5	·09	...	...	...	...	...	...	...	...	...	...	...
" " septic matters	6	·18	...	...	...	...	...	...	1	...	...	...	...
" " vegetable substances	...	...	...	...	...	...	...	...	3	...	...	...	...
" " not defined	...	...	...	...	...	...	...	...	9	...	...	...	...
" " morbid secretion	1	·03	...	...	...	...	...	...	...	...	...	...	...
" " wire	1	·03	...	...	...	...	...	...	...	...	..	...	...
" " tatooing	1	·08	...	...	...	...	...	...	...	...	...	...	...
Homicidal :—													
...													
Fracture of skull	...	...	...	...	...	...	...	...	...	...	...	1	1
Wounds	...	...	...	...	...	...	...	...	...	4	...	11	2
" " from gunshot	...	...	...	...	...	...	...	...	3	8	...	...	...
Not defined	...	...	...	...	...	...	...	...	...	...	...	...	1
Suicidal :—													
Multiple injury	2	·01	3	...	...	...	...	...	...	...	...	...	...
Drowning	...	...	...	...	...	...	...	...	...	...	...	...	1
Hanging	...	...	...	...	...	...	...	...	...	2	...	1	22
Gunshot wound	...	...	8	...	...	...	...	...	2	8	...	...	...
Cut throat	3	·05	7	...	...	...	...	...	1	1	...	...	...
Poison, carbolic acid	1	...	1	...	...	...	...	...	...	...	...	...	...
Judicial :—													
Gunshot	...	...	...	...	...	...	...	...	...	1	...	...	...
Hanging	...	...	...	...	...	...	...	...	...	1	...	...	7
Punished	...	...	...		...	...	...	...	...	...	...	26	...
Not defined :—													
Cut throat	...	...	...	...	...	...	...	...	...	...	...	18	2
No appreciable disease	226	10·73	...	...	36	...	16	...	22	...	...	21	...
Not yet diagnosed	...	..	...	...	...	...	...	...	4	...	...	51	...
Cause unknown	...	...	...	...	...	...	...	...	...	4	...	...	...
Absent deaths	...	...	...	...	...	...	...	...	...	448	...	...	...
Grand Total	63,163	4,023·15	761	*2,507	2,245	40	2,244	183	70,838	1,331	1,610	87,745	2,077

* Northern Command . 613=33·50 per 1,000 of strength.
Western " . 859=43·61 " " "
Eastern " . 570=30·57 " " "
Secunderabad Division 363=44·13 " " "
Burma Division 102=26·97 " " "

India . . 2,507=35·27 " " "

TABLE LIII—*continued.*

DETAIL of DISEASES.

DISEASES.	EUROPEAN TROOPS.				NATIVE TROOPS.							
	ADEN COLUMN FIELD FORCE.		SIKKIM-TIBET MISSION FORCE.		SOMALILAND FIELD FORCE.		ADEN COLUMN FIELD FORCE.		SIKKIM-TIBET MISSION FORCE.		CHINA GARRISON.	
	Average annual strength 421.		Average annual strength 249.		Average annual strength 2,521.		Average annual strength 660.		Average annual strength 2,720.		Average annual strength 1417.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Small-pox	...	...	...	...	12	2	...	...	...	...	3	...
Chicken-pox	...	...	...	...	1	...	...	...	...	...	...	...
Measles	...	...	...	...	1	...	...	...	1	...	...	...
Influenza	...	...	...	...	...	...	...	...	16	...	1	...
Mumps	...	...	2	...	2	...	..	...	112	...	5	...
Simple continued fever	...	...	...	...	2	...	...	...	...	...	1	...
Enteric fever	6	1	5	1	...	...	...	...	2	...	2	...
Cholera	...	...	...	...	...	...	...	...	2	2	...	...
Dysentery	13	...	12	1	174	3	206	4	161	5	6	...
Intermittent fever	454	1	49	...	394	2	1,203	2	673	11	69	1
Remittent fever	...	...	1	...	19	2	2	2	44	10	2	...
Erysipelas	...	...	...	...	...	...	...	...	1	...	1	...
Pyæmia	1	...	...	...	...	...	...	...	...	...	...	...
Tubercle of meninges	...	...	...	...	...	...	...	...	...	...	1	1
,, of lungs	1	...	...	...	5	2	2	1	17	6	21	12
,, lymph-glands	...	...	...	...	...	...	...	...	...	...	4	...
Syphilis	2	...	1	...	8	...	12	...	42	...	15	...
Gonorrhœa	1	...	1	...	18	...	...	...	12	...	31	...
Tænia solium	1	..	...	...	...	...	...	...	...	...	...	...
Echinococcus hominis	...	...	...	...	...	...	...	...	1	1	...	...
Phthirius inguinalis	...	...	1	...	...	...	...	...	...	...	...	...
Scabies	...	...	3	...	...	...	...	...	...	...	9	...
Ringworm	...	...	...	...	...	...	...	...	...	...	1	...
Scurvy	...	...	...	...	899	14	94	5	...	...	1	...
Alcoholism	...	...	...	...	1	...	...	...	...	...	...	...
Rheumatic fever	...	...	...	...	...	...	...	...	2	...	...	...
Rheumatism	6	...	4	...	98	1	2	...	38	...	27	...
Anæmia	...	...	...	...	1	1	...	...	1	1	5	...
Diabetes mellitus	...	...	...	...	...	...	...	...	...	...	1	1
Debility	...	...	8	...	1	...	29	...	6	5	22	...
Other general diseases	18	...	...	...	66	...	20	...	127	...	...	...
Apoplexy	...	...	...	...	1	1	...	...	...	...	...	...
Hemiplegia	...	...	...	...	...	...	...	...	1	1	2	...
Local paralysis	...	...	...	...	...	...	...	...	..	...	1	...
Epilepsy	1	...	...	...	...	...	...	...	...	...	..	...
Vertigo	...	...	..	...	...	...	...	...	...	...	1	...
Headache	...	...	...	...	...	...	...	...	...	...	1	...
Megrim	...	...	1	...	...	...	...	...	...	...	...	...
Neuralgia	...	...	1	...	...	...	...	...	...	...	...	...
Other diseases of the nervous system	2	...	...	...	23	...	1	...	28	...	...	...
Conjunctivitis	3	...	...	...	44	...	...	...	13	..	6	...
Ulcerative keratitis	...	...	...	...	...	..	...	...	...	...	3	...
Iritis	...	...	...	...	...	...	...	...	...	...	2	...
Optic neuritis	...	...	...	...	...	...	...	...	...	...	1	...
Retinitis	...	...	...	...	...	...	...	...	...	...	1	...
Other diseases of the eye	4	...	...	...	14	...	2	...	21	...	...	...
Inflammation of the external ear	2	...	...	...	...	...	...	...	...	...	2	...
Coryza	...	...	...	...	...	...	...	...	...	...	12	...
Valvular disease of the heart	1	...	...	...	...	...	...	...	3	3	1	...
Syncope	...	...	...	...	...	...	...	...	...	1	...	...
Disordered action of the heart	11	...	2	...	2	...	...	...	7	...	...	...
Embolism	...	...	...	...	...	...	...	...	1	1	...	...
Phlebitis	1	...	1	...	...	...	...	...	...	...	...	...
Thrombosis of veins	...	...	...	...	1	1	...	...	...	...	...	...
Varix	1	...	...	...	...	...	...	...	...	...	...	...
Other diseases of the circulatory system	1	...	...	...	...	...	2	...	18	...	...	...
Laryngitis	...	...	1	...	...	...	...	...	...	...	...	...
Bronchitis	4	...	6	...	66	...	4	...	167	3	86	1
Pneumonia	1	1	2	..	36	8	10	8	76	40	6	...
Pleurisy	2	...	2	...	4	...	...	...	16	...	9	...
Other diseases of the respiratory system	3	...	...	...	7	...	11	...	15	...	...	...
Stomatitis	..	...	...	...	...	...	...	...	...	...	3	...
Inflammation of the dental periosteum	...	...	1	...	...	...	...	...	...	...	1	...
Sore throat	3	...	4	...	2	...	1	...	1	...	...	...
Follicular tonsillitis	8	...	3	...	5	...	1	...	7	...	3	...
Gastritis	...	...	1	...	...	...	...	...	...	...	...	...
Indigestion	...	...	...	...	...	...	...	...	...	...	4	...
Inflammation of the intestines	4	...	...	...	15	...	...	...	1	...	...	...
Enteritis	...	...	...	...	...	...	1	1	...	...	1	...
Typhlitis	...	...	...	...	...	...	...	...	...	...	2	...
Appendicitis	...	...	...	...	1	1	...	...	...	...	...	...
Hernia	...	...	...	...	...	...	...	...	...	...	2	...
Intussusception	...	...	...	...	...	...	...	...	1	1	...	...
Colic	...	...	1	...	...	...	...	...	1	1	4	...
Diarrhœa	3	...	13	...	22	...	34	...	86	...	...	...
Piles	...	...	4	...	...	...	...	...	...	...	2	...
Hepatitis	2	...	1	...	...	...	...	...	...	...	...	...
Abscess of the liver	1	1	...	...	...	...	1	1	...	...	...	...
Cirrhosis ,, ,,	...	...	...	...	...	...	...	...	...	...	1	1
Perihepatitis	...	...	...	...	...	...	...	...	...	...	1	...
Congestion of the liver	...	...	...	...	3	...	1	...	2	...	1	...
Jaundice	1	...	...	...	...	...	...	...	8	...	...	...
Cholecystitis	...	...	...	...	...	...	...	...	...	...	2	...
Peritonitis	...	...	...	...	1	1	...	...	...	...	...	...
Other diseases of the digestive system	9	...	5	...	22	...	5	...	43	...	...	...
Inflammation of the lymph-glands	...	...	1	...	1	1	...	...	...	...	6	...
Acute nephritis	1	...	...	...	...	...	...	...	...	...	...	...
Bright's disease	...	...	...	...	...	...	...	...	1	1	2	...
Hæmaturia	...	...	1	...	...	...	...	...	...	...	...	...
Other diseases of the urinary system	4	...	...	...	2	...	...	...	9	...	...	...
Urethritis	1	...	...	...	...	...	...	...	...	...	...	...
Phimosis	1	...	...	...	...	...	...	...	...	...	...	...
Soft chancre	...	...	2	...	2	...	...	...	9	...	16	...
Varicocele	2	...	...	...	...	...	...	...	...	...	...	...
Orchitis	...	...	3	...	...	...	...	...	...	...	...	...

TABLE LIII—*concluded.*

DETAIL of DISEASES.

Diseases.	European Troops.				Native Troops.							
	Aden Column Field Force.		Sikkim-Tibet Mission Force,		Somaliland Field Force.		Aden Column Field Force.		Sikkim-Tibet Mission Foce.		China Garrison.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
Periostitis	...	...	1	...	...	...	...	...	...	...	...	..
Necrosis	...	...	...	...	...	...	...	...	...	...	1	...
Synovitis	...	...	2	...	...	...	...	...	...	...	4	...
Tenosynovitis	...	...	1	...	...	...	...	...	...	...	...	...
Inflammation of the connective tissue	...	...	1	...	...	...	...	...	...	...	1	...
Abscess of ,, ,, ,,	2	...	2	...	...	...	...	...	...	...	14	...
Erythema	...	...	...	...	...	...	...	...	...	...	1	...
Eczema	2	...	1	...	...	...	...	...	...	...	7	...
Impetigo	...	...	...	...	...	...	...	...	...	...	2	...
Zona	...	...	...	...	...	..	...	...	...	...	1	...
Ulcer	2	...	...	...	...	...	...	...	...	...	2	...
Boil	...	...	...	...	...	...	...	...	...	...	14	...
Whitlow	...	...	2	...	...	...	...	...	...	...	1	...
Onychia	...	...	1	...	...	...	...	...	...	...	...	...
Tylosis	...	...	2	...	...	...	...	...	...	...	...	...
Other local diseases	37	...	...	...	210	...	135	...	207	...	...	...
Accidental :—												
Sun-stroke	1	...	...	...	1	1	...	...	...	...	...	...
Heat-apoplexy	3	1	...	...	...	...	...	...	1	...	...	...
Multiple injury	...	...	...	...	...	...	...	...	...	3	...	...
Suffocation from submersion	..		...	...	...	...	...	...	...	2	...	1
Burns and scalds (general and local.	...	...	13	...	..	...	...	...	5	5	4	...
Frost-bite	...	...	1	1	...	...	...	...	1	1	...	...
Abrasions	...	...	...	...	...	...	...	...	...	...	5	...
Contusions	...	...	...	...	...	...	...	...	...	..	8	...
Wounds	...	...	1	...	...	...	...	...	...	...	11	...
,, from gunshot	...	...	1	...	...	...	...	...	1	1	3	...
Sprains and strains	1	...	3	...	...	...	...	...	...	...	2	...
Fracture	1	...	...	...	...	...	...	...	...	...	3	...
,, of spine	...	...	...	...	..	...	...	...	1	1	...	...
Rupture of intestines	1	1	...	...	...	...	...	...	...	...	...	...
Other injuries	33	...	...	...	134	...	4	...	115	...	...	...
Poison :—												
Ptomaines	...	...	...	...	1	1	...	...	...	...	...	..
Suicidal :—												
Gunshot wound	...	...	...	...	...	...	...	...	...	1	...	...
In action :—												
Wounds	...	...	3	...	...	...	...	...	...	...	...	...
Gunshot wounds	...	...	1	...	23	1	1	1	86	14	...	...
Killed	...	...	...	...	...	...	...	...	...	20	...	...
No appreciable disease	1	...	...	...	...	...	...	...	...	...	...	...
Not yet diagnosed	...	...	...	...	...	...	...	...	...	...	1	...
Cause unknown	...	...	...	...	...	...	...	...	...	1	...	...
Total	664	6	179	3	2,345	43	1,784	25	2,210	142	498	18

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ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1904,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG
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